The New York
Academy of Medicine



By Exchange

THE KY. ACADEMY OF MEDICINE
JUL 25 1947
LIBRARY

The ILLINOIS Medical Journal

92
1947

VOL. 92 ✳ NO. 1

July, 1947

In This Issue

First Session of The House of Delegates

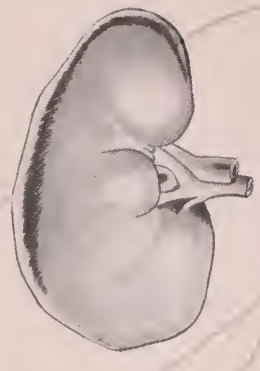
✦

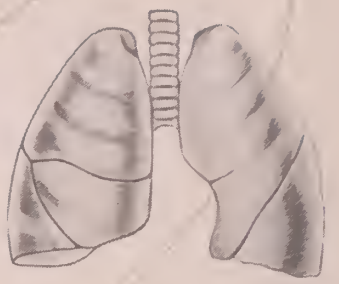
Illinois Poliomyelitis Program

✦

(See page 33 for complete Table of Contents)

OFFICIAL JOURNAL OF THE ILLINOIS STATE MEDICAL SOCIETY







SEARLE

Kiophyllin®

A NEW NAME FOR A PROVEN SEARLE PRESCRIPTION COMBINATION

Kiophyllin is the new, convenient, easily remembered name now applied to the following widely prescribed combination:

Aminophyllin	**150 mg. (2½ gr.)**
Potassium Iodide	**125 mg. (2 gr.)**
Phenobarbital	**15 mg. (¼ gr.)**

LIBRARY
SEP -1 1948
OF MEDICINE
263986

Kiophyllin is indicated in many degenerative and infectious processes involving the heart, the lungs and the vascular system. It is composed of three dependable therapeutic agents in a combination which provides myocardial stimulation, increases urinary output, relaxes bronchiolar smooth muscle, limits fibrous tissue deposition and furnishes mild sedation. It is especially adapted for those conditions requiring prolonged medication.

Available in both plain and enteric coated tablets. The enteric coated form is NEW.

G. D. SEARLE & CO., Chicago 80, Illinois

SEARLE **RESEARCH IN THE SERVICE OF MEDICINE**

Entered as Second-Class Matter July 21, 1919, at the Post Office, Oak Park, Illinois, under the Act of March 8, 1879. Acceptance for mailing at special rate of postage provided for in section 1102, Act of October 8, 1917, authorized July 15, 1918. Office of Publications, 715 Lake Street, Oak Park, Ill.

Fundamental Pattern

MAINTAINING OVARIAN RHYTHM

IN MENSTRUAL DISTURBANCES, cyclic security is dependent upon maintenance of ovarian rhythm. Replacement therapy with estrogens and progesterone to improve physiologic function, followed by true stimulation with equine pituitary gonadotropins (GONATROPE-Forbes) to promote ovarian receptivity is, therefore, a fundamental pattern of therapy for hypo-ovarian function.

A plan of successful estrogen therapy, as part of this fundamental pattern, is the use of an ovarian stimulus emulating the prolonged rhythm of normal ovarian activity. Natural CRYSTALLINE ESTROGENS in Aqueous Suspension (Forbes) is a highly potent, purified product, free from allergens or foreign proteins, with prolonged effect, which provides a uniform release of estrogens in the circulation. Crystalline estrogen maintains a more uniform blood level and normal ovarian secretion is simulated more closely.

Natural CRYSTALLINE ESTROGENS

in Aqueous Suspension (Forbes)

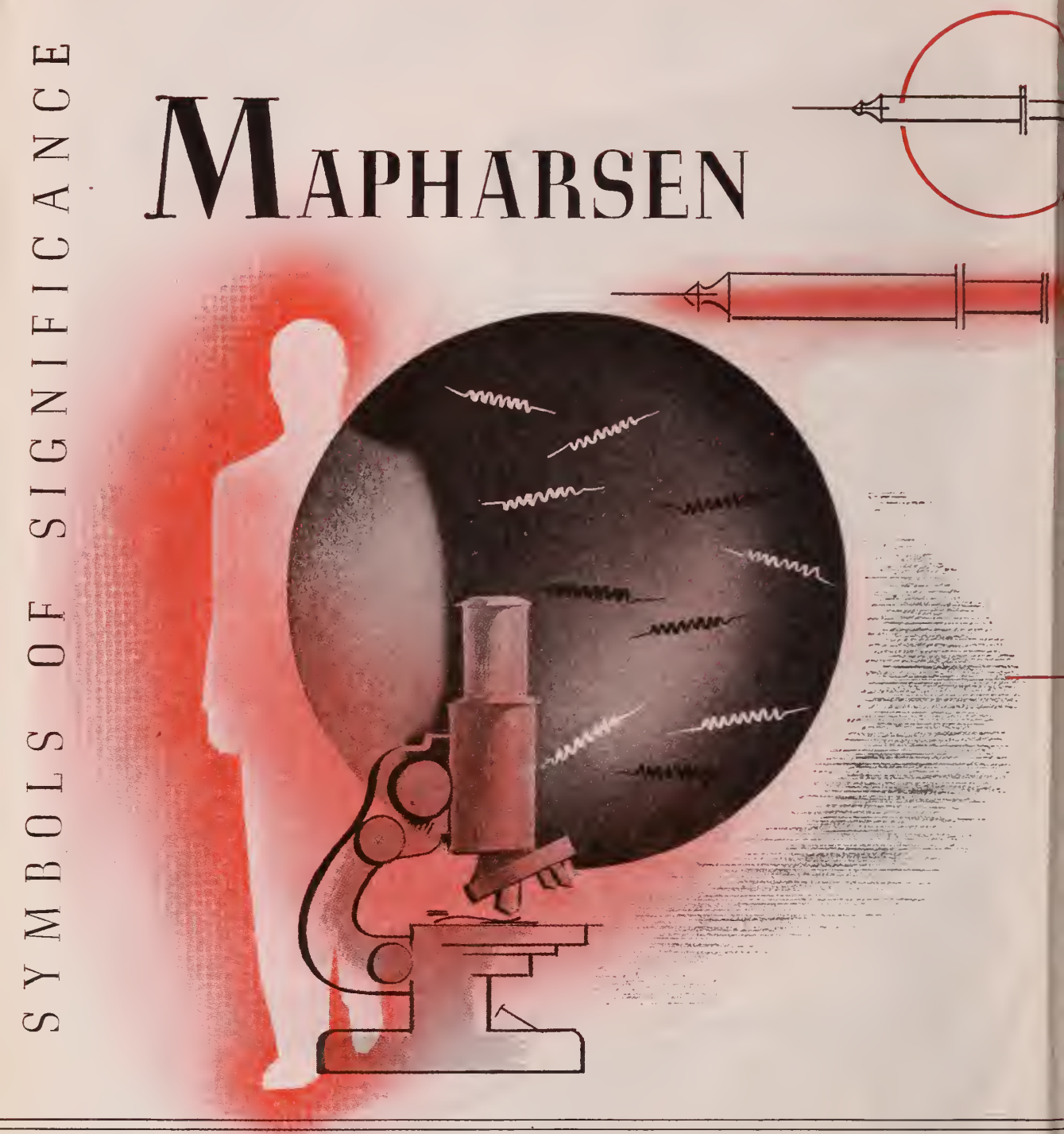
Potencies: 10,000 I.U. (1 mg.); 20,000 I.U. (2 mg.) in vials and ampuls

FORBES LABORATORIES INC. Elgin, Illinois ·Forbes·

Per Exch Bull.

SYMBOLS OF SIGNIFICANCE

MAPHARSEN



The dark field spotlights the slender, nimble undulating form of Treponema pallidum to establish a diagnosis of syphilis. The prognosis may be dark if the patient fails to receive adequate therapy.

MAPHARSEN is a dependable arsenical, with years of clinical experience and millions of administered doses testifying to its effectiveness.

MAPHARSEN is one of a long line of Parke-Davis preparations whose service to the profession created a dependable symbol of significance in medical therapeutics—

MEDICAMENTA VERA.

MAPHARSEN (Oxophenarsine Hydrochloride) in single dose ampoules of 0.04 gm. and 0.06 gm.; boxes of 10 ampoules. Multiple dose, hospital size ampoules of 0.6 gm., in boxes of 10.

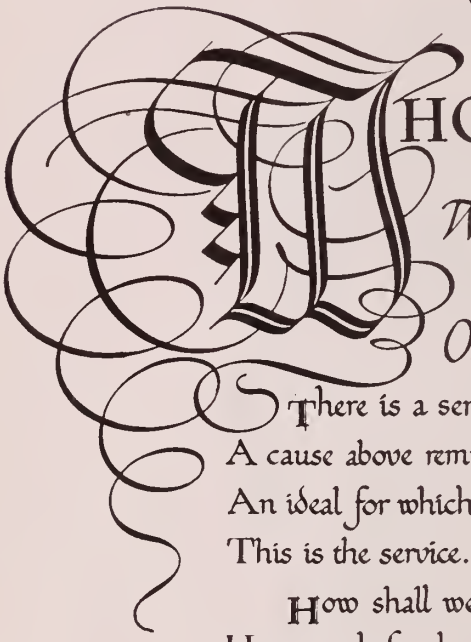


PARKE, DAVIS & COMPANY · DETROIT 32, MICHIGAN

On the occasion of the 100th Anniversary of the American Medical Association . . .

IN TRIBUTE TO THE

. . . "for services



WHO shall measure devotion, or put a price on sacrifice?
Who shall assess the long war against the power of Death?
Or set a sum upon the gift of Life?

There is a service beyond the measure of a fee.
A cause above remuneration.
An ideal for which there is no price.
This is the service...the cause...the ideal...of the American doctor.

How shall we reckon it, and by what formulae?
How much for the laughter of a little child rescued out of crisis?
What's the cost of discouragement?
Who can pay for a sleepless night?
Name the price of a cure!

AMERICAN DOCTOR

rendered..."

There is no algebra for it, no scribble of figures, no proper value.
For this is a service as large as life, and as manifold.
It is a soldier crying in agony on a thousand battlefields.
It is the terrible word "Why?" under the surgeon's probe.
It is the end of pain.
It is Hope.
It is the lonely, unending quest for knowledge.
It is the fight against ignorance, sloth, superstition.
It is the dumb, unspeakable joy in the eyes of a parent.
It is the rock of grief.
It is cold rain and pounding storm and bone-weariness and the new-born babe gasping its first breath in the grey dawn.

It is all this, and the quiet glory of the job done,
Dedicated to service—in the name of Mercy
And the common brotherhood of man.

PHILIP MORRIS & COMPANY

PHILIP MORRIS *will be happy to send you a handsomely printed and illuminated copy of this tribute, suitable for framing. Please make your request on your professional stationery. Address Research Dept.,* PHILIP MORRIS & CO., LTD., INC. *119 Fifth Ave., New York 3, N.Y.*



1. Extensive clinical experience has established that the combined use of an occlusive diaphragm and a spermatocidal jelly affords the optimum in protection to the patient.

2. A comprehensive report shows an overwhelming preference for the diaphragm-jelly technique of conception control. In a survey comprising 36,955 cases, clinicians prescribed this method for 34,314 or 93 per cent.[1]

3. Warner,[2] in a study of 500 cases in private practice, concludes that the combined technique is the most efficient method; there was no case of unexplained failure.

4. For the optimum of protection and simplicity in use we suggest the "RAMSES" Prescription Packet NO. 501 . . . a complete unit, containing a "RAMSES" Patented Flexible Cushioned Diaphragm of prescribed size, a "RAMSES" Diaphragm Introducer of corresponding size, and a large tube of "RAMSES" Vaginal Jelly.† Available through all prescription pharmacies. Complete literature to physicians on request.

[1]Human Fertility 10: 25 (Mar.) 1945.

[2]Warner, M. P.: J.A.M.A. 115: 279 (July 27) 1940.

gynecological division

JULIUS SCHMID, INC. 423 W. 55th ST. • NEW YORK 19, N. Y.

quality first since 1883

The word "RAMSES" is a registered trademark of Julius Schmid, Inc.

†Active ingredients: Dodecaethyleneglycol monolaurate 5%; Boric Acid 1%; Alcohol 5%.

A MARK OF Ramses DEPENDABILITY

the modern Physicians'

LAXATIVE

Phospho-Soda (FLEET)

With an impressive record of clinical acceptance over the years, Phospho-Soda (Fleet) is today the ethical cathartic of choice for thousands of physicians when a gentle but thoroughly effective saline eliminant is indicated. D'Antoni,[1] Scherer,[2] Travell[3] and others, have attested in current medical literature the value of such phosphates of soda for prompt, innocuous elimination. • Phospho-Soda (Fleet) is a scientific combination of two recognized phosphates of soda in a stable, uniform and acceptable liquid form. Its palatability, ease of administration, and mild yet efficient laxative action — with marked freedom from griping — make it a constantly growing prescription favorite. • Phospho-Soda (Fleet) is promoted exclusively to the medical and dental professions. Supplied in bottles of 2½, 6 and 16 fluid ounces.

C. B. FLEET CO., INC. • *Manufacturing Chemists* • LYNCHBURG, VA.

References

1. D'Antoni, J. S.: Am. J. Trop. Med., 23:237, March, 1943.
2. Scherer, J. H.: Virginia M. Monthly, 72:289, July, 1945.
3. Travell, J. et al: Conferences on Therapy, New York State J. Med., 47:387, Feb. 15, 1947.

For Controlled Catharsis, Prescribe

TRADE MARK
PHOSPHO-SODA
(FLEET)





The First Operation....

The First Surgical Operation was performed with a sharp stone and firebrand in Neolithic Egypt. A skull was pierced to let out evil spirits. The patient survived. Modern trephining was on the way.

The First Dental Operation, in the era of the Pharaohs, was extraction by an instrument shaped like a goat's foot. Replacements were of wood, ivory, metal buttons and ox teeth. Modern dentures were on the way. But the modern concept of the doctor's *responsibility*, as set forth in malpractice law, was *not* yet on the way.

A First Operation Today is wisely avoided by most doctors until they have secured their Medical Protective policy—providing, as it does, *complete* coverage and *confidential* preventive counsel.

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA

Professional Protection EXCLUSIVELY . . . *since 1899*

CHICAGO Office: Tom J. Hoehn, Edwin M. Breier and Walter R. Clouston, Representatives
1142-44 Marshall Field Annex Building, Telephone State 0990
SPRINGFIELD Office: Fred A. Seeman, Representative, 307 Illinois National Bank Building, Telephone 7915



PICTURE OF A MAN
WHO CAN'T STAND HOME COOKING
(or any other kind)

GASTRIC DYSFUNCTION—accompanied by distention, heaviness, eructation and epigastric pain, can rob the best meal of its pleasures (and benefits).

REPLACEMENT THERAPY FOR GASTRIC HYPOFUNCTION

GASTRON

offers effective, symptomatic relief of gastric distress

provides replacement of secretory deficiencies

supplies a physiologic mixture of gastric enzymes and hormones

contains hydrochloric acid, pepsin, rennin, secretin, mucin and the antianemic principle, in a palatable, alcohol-free, sugar-free medium

Indicated in the treatment of hypochlorhydria and chronic gastritis which occur so frequently—particularly in patients over 40

Supplied in bottles of 6 and 32 fl. oz.

The Usual Dose is 2 to 4 teaspoonfuls with an equal volume of water, at the end of each meal . . . when the stomach has been stimulated to peak secretion by food intake.

Originated by
FAIRCHILD BROS. & FOSTER

Frederick Stearns & Company Division, Successors

DETROIT 31, MICHIGAN • New York • Kansas City • San Francisco • Atlanta
Windsor, Ontario • Sydney, Australia • Auckland, New Zealand

Trade-Mark *Gastron* Reg. U. S. Pat. Off.



A SAFE *Summer* PRESCRIPTION FOR INFANT NUTRITION

Even under the handicaps of travel or vacation accommodations, a mother can easily prepare a *safe* formula for her infant . . . by just adding cooled boiled water to Biolac according to the physician's directions. The simplicity of preparation (dilution only) minimizes possibilities of formula contamination even under adverse conditions.

In addition to safety and simplicity of preparation, Biolac formulas provide complete nutrition when supplemented with vitamin C. No chance omission of needed vitamins, carbohydrates or iron can occur. Biolac simply and safely affords nutritional elements for optimum health.

Easily calculated . . . quickly prepared. 1 fl. oz. Biolac to 1½ fl. oz. water per pound of body weight.



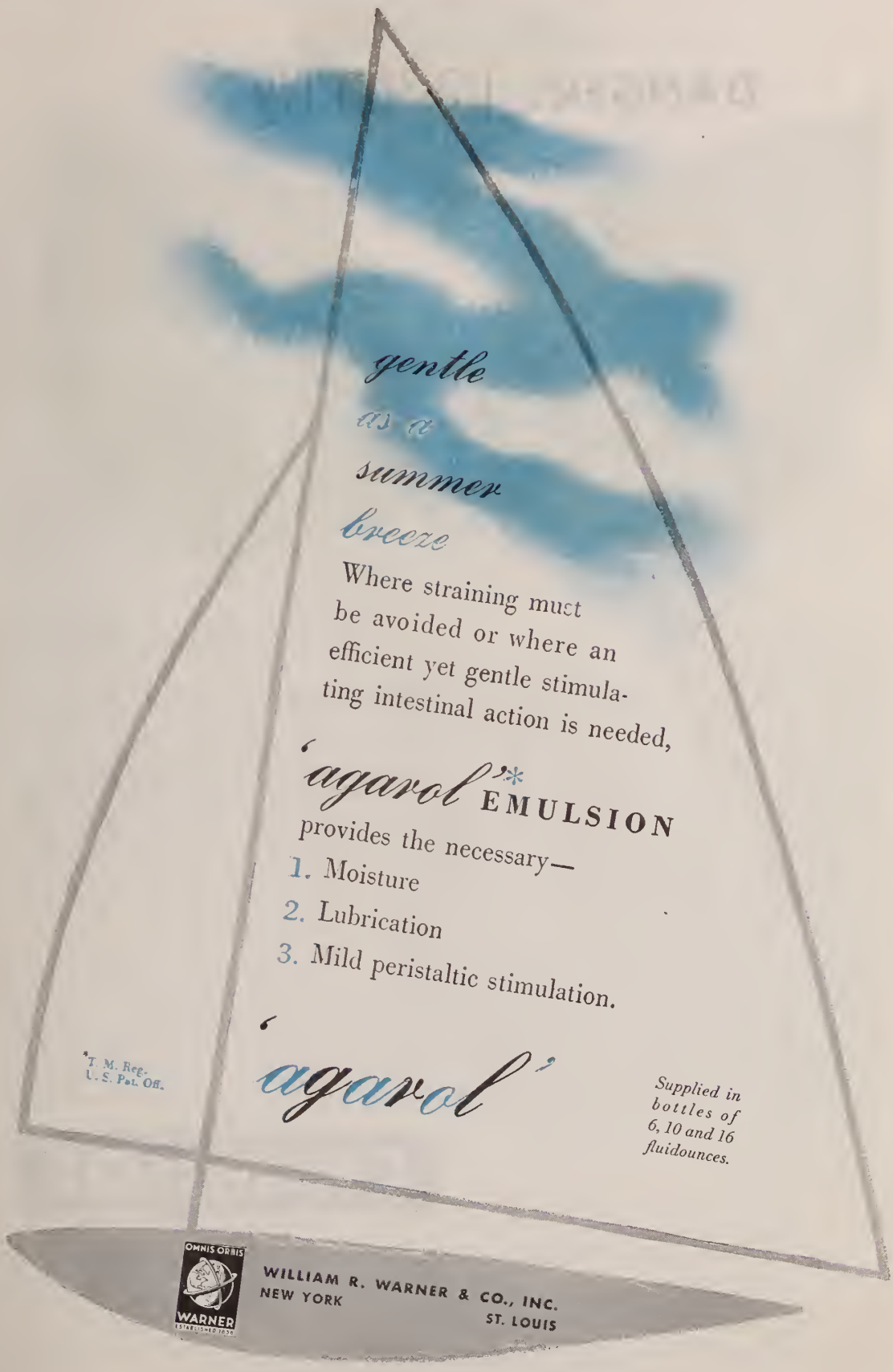
BORDEN'S PRESCRIPTION PRODUCTS DIVISION
350 MADISON AVENUE · · NEW YORK 17, N. Y.

Biolac

"BABY TALK" FOR A GOOD SQUARE MEAL

Biolac is a liquid modified milk, prepared from whole and skim milk, with added lactose, and fortified with vitamin B_1, concentrate of vitamins A and D from cod liver oil, and iron citrate. Evaporated, homogenized, and sterilized. Biolac is available in 13 fl. oz. cans at all drug stores.

ACCEPTED AMERICAN MEDICAL ASSN


gentle
as a
summer
breeze
Where straining must be avoided or where an efficient yet gentle stimulating intestinal action is needed,
'agarol'* EMULSION
provides the necessary—
1. Moisture
2. Lubrication
3. Mild peristaltic stimulation.
'agarol'
*T. M. Reg. U. S. Pat. Off.
Supplied in bottles of 6, 10 and 16 fluidounces.
OMNIS ORBIS
WARNER
WILLIAM R. WARNER & CO., INC.
NEW YORK
ST. LOUIS

DANGER: poison ivy

prevention

treatment

TO ELIMINATE CONTACT:

Patients must learn to identify and avoid poison ivy

To help your patients, an exact cut-out reproduction of a poison ivy leaf has been prepared. This Calmitol "Ivy Leaf" also presents a few simple criteria for plant identification.

Patients must learn to take proper action upon exposure

To help patients who have been exposed, the Calmitol "Leaf" lists a simple prophylactic procedure. If a rash appears, patients are instructed to see their physician.

The Calmitol "Ivy Leaf" is a medical service of Thos. Leeming & Co., Inc. Suitable quantities for practicing physicians, school doctors, and camp physicians may be obtained by writing: Thos. Leeming & Co., Inc., 155 East 44th Street, New York 17, N. Y.

Thos. Leeming & Co. Inc.

FIRST THOUGHT IN TREATMENT:

Control of itch in dermatitis venenata is singularly simple with Calmitol. Its active antipruritic ingredients, camphorated chloral and hyoscyamine oleate promptly block transmission of the pruritic sensation at the point of origin by raising the local threshold of the receptor organs and sensory nerve filaments. Calmitol's special clinging base helps achieve hours of relief and protection against contact and friction.

Extreme blandness and freedom from potentially dangerous phenol, cocaine and their derivatives recommend Calmitol not only for the pruritus of simple summertime dermatoses but also when itch must be controlled in pediatric, gynecologic, allergic and industrial practice.

CALMITOL

155 EAST 44TH STREET, NEW YORK 17, N. Y.

for the nervous patient

with poor appetite

ESKAPHEN B ELIXIR . . . a delightfully palatable combination of phenobarbital and thiamine . . . has been developed for the many tense and nervous patients, especially women, whose most characteristic symptoms are agitation, wakefulness and poor appetite.
For these patients . . .
suffering more often than not from thiamine deficiency . . . ESKAPHEN B provides, in a pharmaceutically excellent preparation, both the calming action of phenobarbital and the tone-restoring effect of Vitamin B_1.



Eskaphen B Elixir

Smith,
Kline
& French
Laboratories,
Philadelphia



EFFECTIVES . . .
but not cure-alls

Modern therapeutics support the premise that no single medication will successfully combat all ear conditions. For that reason . . . DOHO, specialists in the development of effective ear medications . . . offer

Auralgan
IN ACUTE OTITIS MEDIA

When pain, fever, edema, leucocytosis, sense of fullness and impaired hearing are present—AURALGAN by its potent decongestant, dehydrating and analgesic action provides effective relief of pain and inflammation.

O-TOS-MO-SAN
IN CHRONIC SUPPURATIVE OTITIS MEDIA

O-TOS-MO-SAN provides a new Sulfa combination of Sulfathiazole and Urea in Auralgan Glycerol (DOHO) base, completely water-free and having the highest specific gravity obtainable — scientifically developed.

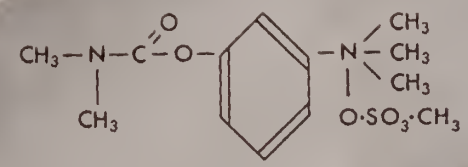
O-TOS-MO-SAN exerts a powerful solvent action on protein matter . . . liquefies and dissolves exuberant granulation tissue . . . cleanses and deodorizes the site of infection . . . and tends to exhilarate normal tissue healing in the effective control of chronic suppurative Otitis Media. Excellent results have also been obtained in furunculosis of the external ear canal.

NOTE:
Where there is an intact ear drum, neither Sulfonamides nor Urea are effective . . . and under these conditions AURALGAN is indicated.

WARNING!
The indiscriminate use of the Sulfonamides should be avoided—so that infectious organisms do not become "sulfa-fast" or patients "sensitive" to Sulfa.

Write for Literature and Samples

THE DOHO CHEMICAL CORPORATION
New York 13, N. Y. · Montreal · London



PROSTIGMIN 'ROCHE'

Proven in the exacting crucible of extensive clinical use, Prostigmin* 'Roche' has rapidly become an important tool of modern medicine. Hundreds of clinical and laboratory studies, published in leading medical journals within the last few years, have confirmed the outstanding efficacy, dependability and versatility of this remarkable parasympathomimetic drug. Write to the professional service department of Hoffmann-La Roche, Inc., for literature on the clinical use, indications and dosage schedules of Prostigmin 'Roche.'

*Reg. U. S Pat. Off. Prostigmin has become officiol in the U. S. P. XII under the name of neostigmine.

HOFFMANN - LA ROCHE, INC., ROCHE PARK, NUTLEY 10, N. J.



EASE AND ECONOMY OF USE

Specification of CARTOSE* as the mixed carbohydrate for infant feeding formulas provides ease and economy of use. The liquid form of this milk modifier permits rapid, accurate measurement, thereby avoiding waste.

Double protection against contamination is afforded by: (1) the narrow neck of the bottle, preventing spoon insertion, and (2) the press-on cap, assuring effective resealing.

CARTOSE supplies nonfermentable dextrins in association with maltose and dextrose . . . a combination providing spaced absorption that minimizes gastrointestinal distress due to fermentation.

Available in clear glass bottles containing 1 pt. • Two tablespoonfuls (1 fl. oz.) provide 120 calories.

ACCEPTED AMERICAN MEDICAL ASSN.

CARTOSE

REG. U.S. PAT. OFF.

Mixed Carbohydrates

*The word CARTOSE is a registered trademark of H. W. Kinney & Sons, Inc.

H. W. KINNEY & SONS, INC. Kinney trademark COLUMBUS, INDIANA



When cycles cease at the menopause, Di-Ovocylin relieves the psychosomatic distress that usually follows. A single injection will control symptoms for from 7 to 14 days—far longer than other estrogenic preparations.

CIBA

Di-Ovocylin

DI-OVOCYLIN (brand of α-estradiol dipropionate). T. M. Reg. U. S. Pat. Off. and Canada.

For further information, write Professional Service Department.

CIBA PHARMACEUTICAL PRODUCTS, INC. SUMMIT, NEW JERSEY

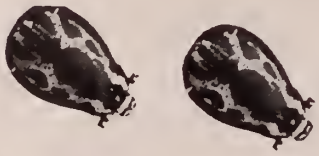
PABA



SODIUM

PARA-AMINOBENZOIC ACID
SODIUM SALT

for rickettsial infections



Now available in all prescription pharmacies

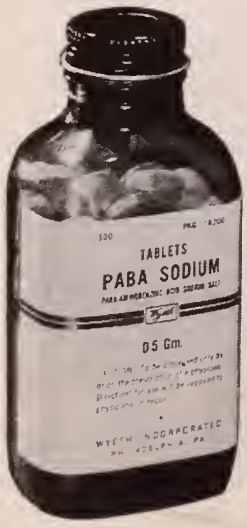
Paba shortens the course and moderates the symptoms of

Rocky Mountain spotted fever[1-5]
Flea-borne (endemic or murine) typhus[6-8]
Louse-borne (epidemic or European) typhus[9,10]
Tsutsugamushi disease (scrub typhus)[11,12]

Paba seems to be as specifically effective against rickettsias as sulfonamides or penicillin against susceptible bacteria.

Prophylactic dose: 0.5-1 Gm. daily.
Therapeutic dose: 4-6 Gm. initially, followed by 2-3 Gm. every two hours.

1. J.A.M.A. 129:1160, 1945.
2. Delaware State M.J. 18:104, 1946.
3. J.A.M.A. 131:1364, 1946.
4. J.A.M.A. 132:911, 1946.
5. J.Pediat. 30:72, 1947.
6. Bol. Asoc. méd. de Puerta Rica 38: 189, 1946.
7. J.A.M.A. 131:1114, 1946.
8. Texas State J.Med. 42:314, 1946.
9. J.A.M.A. 126:349, 1944.
10. J. Lancet 67:60, 1947.
11. J.A.M.A. 131:280, 1946.
12. Lancet 2:96, 1946.



PABA

PARA-AMINOBENZOIC ACID
SODIUM SALT

0.5 Gm. tablets—bottles of 100

Wyeth®

® Trade Mark Reg. U. S. Pat. Off.

WYETH INCORPORATED • PHILADELPHIA 3, PA.

REMEMBER THIS SEAL . . .

ACCEPTED
COUNCIL ON PHARMACY AND CHEMISTRY
AMERICAN MEDICAL ASSOCIATION

It is the newly designed Seal of Acceptance of the Council on Pharmacy and Chemistry of the American Medical Association.

AND REMEMBER ALSO . . .



TESTOSTERONE PROPIONATE "RARE CHEMICALS" is an androgenic preparation which meets the requirements of the Council, and is the only brand which bears this Seal of Acceptance. When parenteral androgenic therapy is indicated, specify: **TESTOSTERONE PROPIONATE "RARE CHEMICALS".**

Obtainable from your usual source of supply in 1 cc. ampules, 5 mg., 10 mg., and 25 mg.; in boxes of 3, 6, and 50; also in 10 cc. vials, 25 mg. per cc. and 6 cc. vials, 50 mg. per cc.

TESTOSTERONE PROPIONATE "RARE CHEMICALS"

RARE CHEMICALS, INC., HARRISON, N. J. • West Coast Distributors: GALEN COMPANY, Richmond, California

RARE

113J



INFANTS exhibit food likes and dislikes early in life, and they quickly learn to associate the appearance of a food with its taste. For this reason, every effort is made to retain the original tastes of the foods from which Libby's are made; uniformity of attractive taste characterizes Libby's Baby Foods. As a result of Libby's exclusive process of homogenization, cellulose cell capsules are ruptured, enhancing the availability of nutrients and making for satin-smoothness of texture. Libby's Baby Foods have been fed as early as the sixth week of life, providing the infant with many essential nutrients which would otherwise be denied him.

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

Beets • Carrots • Green Beans • Peas • Spinach • Squash • Vegetable Soup • Mixed Vegetables • Garden Vegetables • Liver Soup • Vegetables with Bacon • Vegetables with Beef and Barley • Vegetables with Lamb • Apples and Apricots • Apples and Prunes • Apple Sauce • Peaches • Peaches-Pears-Apricots • Pears and Pineapple • Prunes (with Pineapple Juice and Lemon Juice) • Custard Pudding

Libby, McNeill & Libby • Chicago 9, Illinois





DIAGNOSIS BY TRIAL

Unlike the menopause, the male climacteric is neither heralded by any dramatic change in organ physiology nor detectable by any simple laboratory procedure. The ORETON diagnostic test for androgen deficiency in middle-aged men is, therefore, a singular contribution to endocrine diagnosis and therapy. It proves the existence of the male climacteric when present and restores the patient to a state of well-being. ORETON (testosterone propionate) 25 mg. injected daily five days per week for two weeks will cause a disappearance of symptoms etiologically related to failing testicular function.

ORETON

For maintenance therapy of the male climacteric, ORETON should be injected in doses of 25 mg. two to three times weekly, gradually reducing the dosage to ascertain the individual demand. ORETON-M (methyltestosterone) Tablets of 10 mg. may be substituted to maintain hormonal balance.

ORETON, testosterone propionate in oil, ampules of 1 cc. containing 5, 10 and 25 mg.; boxes of 3, 6 and 50 ampules. Also in 10 cc. multiple dose vials containing 25 and 50 mg. per cc. ORETON-M Tablets of 10 mg. methyltestosterone; boxes of 15, 30 and 100 tablets.

Trade-Marks ORETON and ORETON-M—Reg. U. S. Pat. Off.

SCHERING

Schering CORPORATION · BLOOMFIELD, N. J.

IN CANADA, SCHERING CORPORATION LIMITED, MONTREAL



The combination of —

Sulfamerazine *Microcrystalline*..1.5 Gm. (22 gr.)
Sulfadiazine *Microcrystalline*....1.5 Gm. (22 gr.)

is presented in Mer-Diazine. Equal parts of sulfamerazine and sulfadiazine have been found by Flippin et al* to lead "to a markedly decreased incidence of crystalluria compared with that observed when either compound was administered singly . . . The use of sulfonamide mixtures avoids certain disadvantages associated with the administration of sodium bicarbonate . . ."

Liquoid Mer-Diazine —

presents a palatable, homogenized suspension of these two sulfonamides. The microcrystalline form in which the drugs are present assures the most rapid absorption; slow excretion of sulfamerazine makes maintenance of a suitable blood level relatively simple; both sulfas penetrate readily into ascitic, pleural and cerebrospinal fluids.
Liquoid Mer-Diazine provides convenience in administration—particularly useful in pediatrics. Warning: Sulfadiazine and Sulfamerazine may cause toxic reactions.

Available in 4 fl. oz. and pint bottles. Samples on request.

*Flippin, H. F. and Reinhold, J. G.: Ann. Int. Med., 25:433 (Sept.) 1946.

McNEIL
LABORATORIES, INC., PHILADELPHIA 32, PENNSYLVANIA

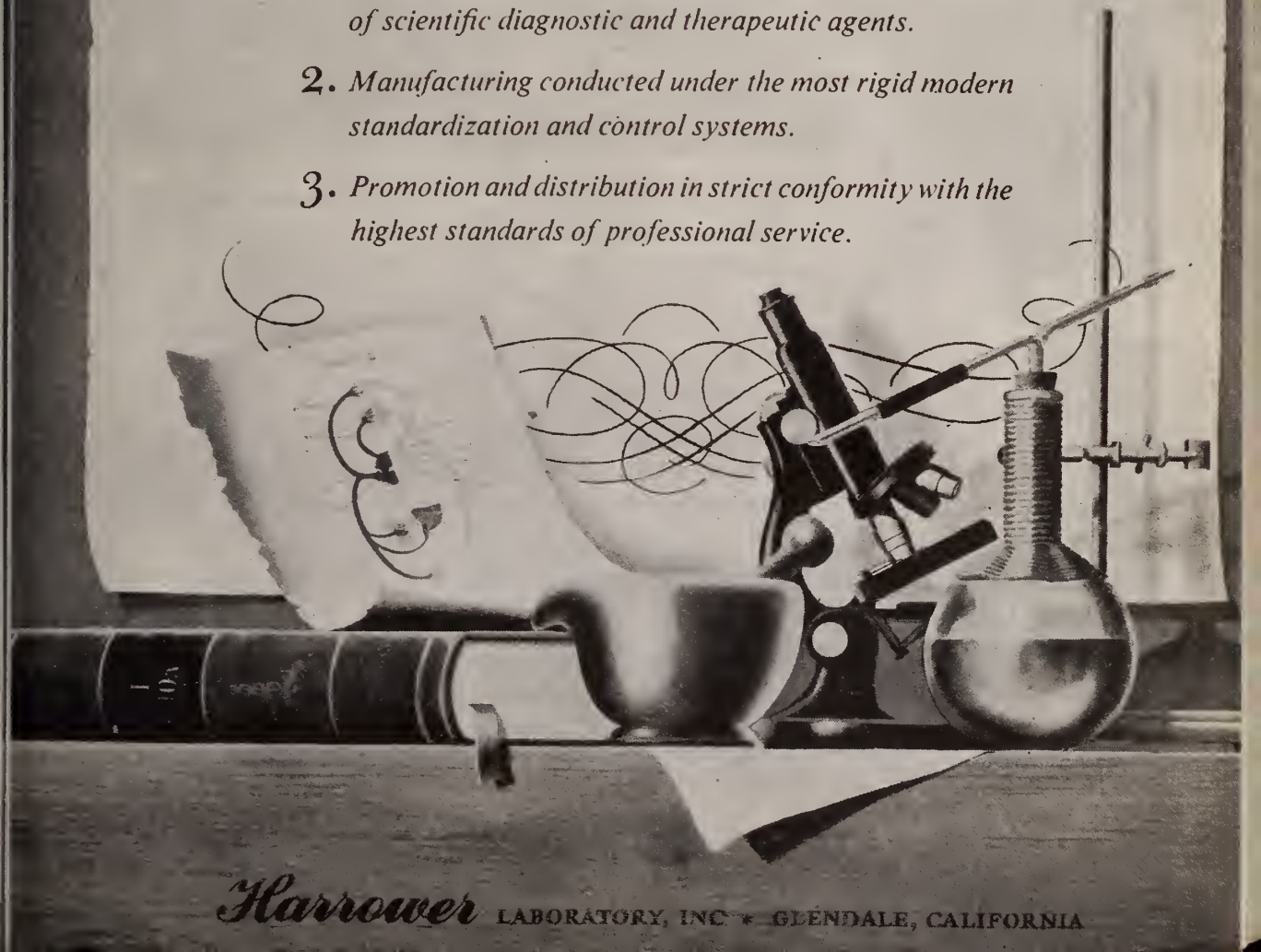
THERE ARE THOSE *in every field of endeavor who tower above others by unswerving adherence to a policy founded on high principles.*

THE

Harrower Code

THE HARROWER LABORATORY is pledged to serve the best interests of public health and the allied professions of medicine and pharmacy. The guiding principles of the Harrower policy are:

1. *Research dedicated to the development and perfection of scientific diagnostic and therapeutic agents.*
2. *Manufacturing conducted under the most rigid modern standardization and control systems.*
3. *Promotion and distribution in strict conformity with the highest standards of professional service.*



Harrower LABORATORY, INC. ★ GLENDALE, CALIFORNIA

for arterial hyper*TENSION*



RELAXATION *reinforced*

Teaching patients how to relax is a primary consideration in the management of arterial hypertension. In many instances this is not a simple task, but it can often be made easier by supplementing common sense instructions with Theominal. This slow-acting vasodilator sedative helps to bring about a gradual reduction of blood pressure and through its gentle sedative effect reinforces relaxation.

DOSAGE: The customary dose of Theominal is 1 tablet two or three times daily; when improvement sets in, the dose may be reduced. Each tablet contains theobromine 5 grains and Luminal ½ grain.

THEOMINAL

SUPPLIED IN BOTTLES OF 25, 100 AND 500 TABLETS

Winthrop CHEMICAL COMPANY, INC.

New York 13, N. Y. • Windsor, Ont.

THEOMINAL and LUMINAL, trademarks Reg. U. S. Pat. Off. & Canada



Cutting the Cloth to Fit the Pattern

To facilitate the selection of treatment to suit individual requirements, the "Beminal" family offers a range of five distinctive combinations affording a variety of dosage forms and potencies.

"BEMINAL" Forte with VITAMIN C (Capsules) No. 817. Highly potent preparation of B factors with vitamin C.

"BEMINAL" Forte INJECTABLE Dried No. 495. High concentration of important B factors for intensive therapy.

"BEMINAL" GRANULES No. 925. Vitamin B complex in a dry, palatable and readily soluble form.

"BEMINAL" with IRON and LIVER (Capsules) No. 816. Ferrous carbonate, liver and B complex for the treatment of iron deficiency anemias.

"BEMINAL" TABLETS No. 815. For the prophylaxis and treatment of mild or subclinical vitamin B complex deficiencies.

"BEMINAL"®

FOR "B" THERAPY

AYERST, McKENNA & HARRISON Limited

22 EAST 40TH STREET, NEW YORK 16, N.Y.

On the Plus Values In Variety Meats

Variety meats—as the meat industry terms liver, kidney, heart, thymus (sweetbreads), and tongue—are at least as nutritionally desirable as muscle meat. In fact, in some respects certain organ meats are superior.

They provide the indispensable amino acids in the same advantageous complete assortment as muscle meat. Hence their protein is of the same high biologic value, capable of meeting every protein need of the organism. Quantitatively their protein content is approximately equal to that of muscle meat.

For hemoglobin synthesis, liver and kidney have been found superior not only to all other protein sources so far studied but also to muscle meat itself.

All organ meats are good sources of the B-complex vitamins. Some of them, such as liver and kidney, are especially rich in niacin. Liver is also an excellent source of vitamin A.

Apparently the vital role these organs play in the functioning of the animal body is reflected in the valuable contribution they can make to human nutrition. Their frequent inclusion in the human dietary—during disease as well as in health—is amply justified.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

AMERICAN MEAT INSTITUTE

MAIN OFFICE, CHICAGO . . . MEMBERS THROUGHOUT THE UNITED STATES

BRISTOL Penicillin in Oil and Wax is now

LIQUID

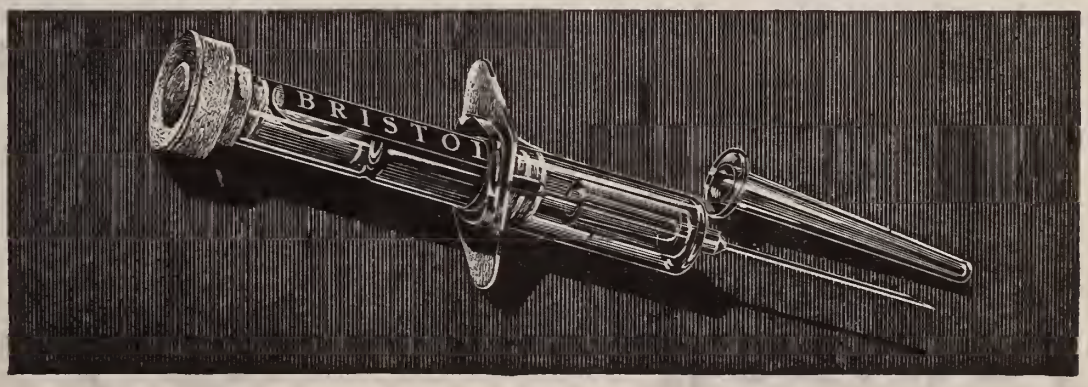
. . . for easier administration

Now you can inject Bristol's Crystalline Sodium Penicillin G in Oil and Wax (Romansky Formula) with far greater ease than in the past. Due entirely to changes in the manufacturing process and without any alteration in formula, the viscosity of the product at room temperature has been brought to a point which approximates that of U.S.P. glycerin. Clinical studies meanwhile indicate no change in the ability of the product to maintain adequate levels of penicillin in the blood for about 24 hours.

Supplied in one cc. cartridges of 300,000 units, with or without special syringe equipment, and in 10 cc. rubber-stoppered vials. Needs no refrigeration in storage or warming before use.

This is a significant development in penicillin therapy. Specify Bristol and obtain the benefits of LIQUID Romansky Formula.

Bristol LABORATORIES INC., SYRACUSE, NEW YORK



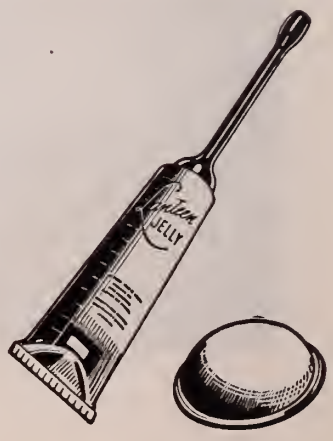


THE LANTEEN DIAPHRAGM is rigid in one plane, therefore easy to place. When largest comfortable size is fitted, if entering rim lodges against cervix, trailing rim cannot be forced into pubic arch.

***Lanteen jelly* has three important advantages:**

1. **Reliable . . . spermicidally effective.**
2. **Tenacious in its viscosity.**
3. **Non-irritating . . . Non-toxic.**

Offered only through the medical profession. Complete package sent physicians on request.



Lanteen

LANTEEN MEDICAL LABORATORIES, INC. • CHICAGO 10

the protein patients accept

palatable
easily digested
efficient

'DELCOS'

Protein-Carbohydrate Granules

Protein therapy is important in all branches of medicine. Every cell of every tissue requires protein for growth and repair. Protein requirements are therefore frequently enormous. How may protein be administered in large amounts? The simplest and best way is by mouth, for any patient who can swallow. Infusion hazards are avoided; more complete nutrition is provided.* • 'DELCOS' Protein-Carbohydrate Granules present palatable, concentrated, *whole* protein of high biologic value, protected from wasteful use as energy. • Patients like the taste of 'DELCOS' Granules, and will accept it almost ad libitum. Dosage may be pushed to the limit and maintained at a high level indefinitely. Moreover, since 'DELCOS' Granules provide carbohydrate-protected, *whole* protein, containing *strepogenin*,* a factor lacking in protein hydrolysates and mixed amino acids, maximal nutritional efficiency is achieved. Controlled growth tests have shown that 'DELCOS' Granules are biologically superior to beefsteak. • 'DELCOS' Protein-Carbohydrate Granules contain casein and lactalbumin, providing a balanced combination of *all* the essential amino acids, as *whole protein*, protected from wasteful use as energy by carbohydrate (30%). Supplied in 1-lb. and 5-lb., wide-mouthed jars. Sharp & Dohme, Philadelphia 1, Pa.



*Editorial: J.A.M.A., *131*:826, July 6, 1946.

Some things you would like your patients to know ***about Epilepsy***

The educational message on Epilepsy, shown below, will appear in full color in LIFE and other national magazines . . . reaching an audience of more than 22 million people. This is No. 205 in the "See Your Doctor" series, published by Parke-Davis in behalf of the medical profession.

Some things you should know about epilepsy

No. 205 in a series of messages from Parke, Davis & Co. on the importance of prompt and proper medical care.

EPILEPSY is one of the most widely misunderstood of all diseases.

Many people believe that there's no effective treatment for it, that it's a kind of feeble-mindedness, that it always becomes worse as the patient grows older, and that he has no chance of leading a normal life.

Your doctor, however, will tell you these ideas are false.

The truth is that medical science has accomplished a great deal in its attempt to control epilepsy, and today the outlook for most persons who have the disease is distinctly hopeful.

What is epilepsy?

In broad and simple terms, epilepsy is a disorder in which the patient suffers recurrent nervous seizures. These seizures—usually characterized by muscular convulsions and sometimes by the loss of consciousness—vary greatly in frequency, duration, and intensity.

The fundamental cause of epilepsy is unknown, although a variety of contributing causes have been established.

Contrary to popular belief, heredity as a rule does *not* play the major role in epilepsy. The chances that an epileptic will have an epileptic child are only about one in forty.

Can epilepsy be controlled?

Epilepsy most often begins in childhood or adolescence. In times gone by, a diagnosis of epilepsy was a dreadfully heavy blow. But today the doctor can usually give the parents—and the child—much encouragement and hope. The following figures explain why this is so:

In approximately one out of six cases, the disease eventually disappears—and disappears completely.

Where the disease does not disappear, nearly 50 per cent of the patients are—with proper medical care—entirely free of seizures. Another 25 per cent or so can be almost entirely free, and can lead a virtually normal life.



The treatment of epilepsy

In most cases, modern drugs are the doctor's chief weapon. *Only the doctor knows which drug or drugs should be used, and in what dosage.*

Using these medicines, the doctor has been able to give epileptics a new lease on life. Once haunted by the threat of seizures and the danger of gradual mental deterioration, they often spent their days in tragic seclusion. But now most of them can lead normal lives. They can work, swim, dance, and play golf or other games. Children can go to regular schools and are able to study and play on a par with their schoolmates.

SEE YOUR DOCTOR! If you or your children ever experience a seizure—however mild—*see your physician promptly.* With epilepsy, as with any other disease, he can be of greatest help when you give him a chance to fight the ailment in its *earliest* stage.

Makers of medicines prescribed by physicians

PARKE, DAVIS & CO.

Research and Manufacturing Laboratories • Detroit 32, Mich.

COPYRIGHT 1947—PARKE, DAVIS & COMPANY

Table of Contents

JULY, 1947
VOL. 92, NO. 1

EDITORIALS

One Hundred Years of Medical Progress 1

Resignation of Olin West As President-Elect of the A.M.A. 2

The Committee on Scientific Work 3

Council Committees for 1947-48 4

House of Delegates, First Session, May 12, 1947 .. 11

Council Meeting Minutes, May 25, 1947 63

Book Reviews 66

CORRESPONDENCE

The Third American Congress on Obstetrics and Gynecology 6

Indiana Licentiates Must Register Annually 6

Sickness Benefits Plan for Railroad Workers 6

Wanted by FBI for Defrauding Physicians 7

The American Congress of Physical Medicine 8

Naval Reserve Medical Officers Can Have Active Duty 8

STATE DEPARTMENT OF PUBLIC HEALTH

Illinois Poliomyelitis Program 9

PHYSICAL MEDICINE ABSTRACTS 50

NEWS OF THE STATE

Coming Meetings, Personals, Marriages, Deaths .. 66

THE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE DIVISION OF POSTGRADUATE STUDY

announces a

GRADUATE COURSE IN GENERAL PRACTICE OF MEDICINE

especially designed for the General Practitioner.

September 3, 4, 5, and 6, 1947 — Tuition $25.00

For more detailed information

write to

Director, Division of Postgraduate Studies, Washington University School of Medicine Saint Louis 10, Missouri

COOPER CREME

The Original Spermicidal Creme

No Finer Name in Contraceptives. .

ACCEPTED AMERICAN MEDICAL ASSN.

Active ingredients:
Trioxymethylene 0.04% Sodium Oleate 0.67%

Prescribed For Over A Decade

WHITTAKER LABORATORIES, INC.
PEEKSKILL, NEW YORK

Mark up another I.V.C. triumph!

NEW P.H.V. GRANULAR

FIRST PROTEIN HYDROLYSATE WITH A COMPLETE CHEMICAL ANALYSIS OF EACH ESSENTIAL AMINO ACID!

Once again, International Vitamin Corporation fills a long-felt requirement of the Medical Profession with a most pleasant-tasting protein hydrolysate preparation. The new "P.H.V. Granular"—a combination of protein hydrolysates, carbohydrate and vitamins in a proper scientific balance—promises to become an essential in the treatment of exhaustion due to over-exertion, in the management of convalescence, in preparation for surgery and as a dietary supplement in cases of malnutrition and anemia (including pregnancy anemia).

I.V.C.
REG. U. S. PAT. OFF.

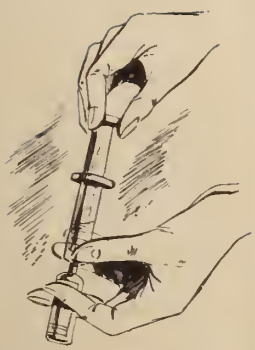
INTERNATIONAL VITAMIN CORPORATION
DIVISION
AMERICAN HOME PRODUCTS CORPORATION
22 EAST 40TH STREET, NEW YORK 16, N. Y.
CHICAGO • LOS ANGELES
World's Largest Manufacturer of Vitamin Products Exclusively



CLINICALLY STANDARDIZED

LIVER EXTRACT SOLUTION, Crude, Lilly, and Liver Extract Solution, Purified, Lilly, are standardized on clinical cases of primary anemia in relapse and will produce a standard reticulocyte response when the recommended dosage is administered.

Ampoules Liver Extract Solution, Crude, Lilly, are available in one U.S.P. unit per cc. and two U.S.P. units per cc. strengths. Ampoules Liver Extract Solution, Purified, Lilly, are available in 15 U.S.P. units per cc., 10 U.S.P. units per cc., and 5 U.S.P. units per cc. strengths.



ELI LILLY AND COMPANY

INDIANAPOLIS 6, INDIANA, U. S. A.



A 12x15 reproduction of this Amos Sewell color illustration, suitable for framing, is available upon request.

Needles and Knowledge

IF IMMUNIZATION against certain communicable diseases did not exist, it is unlikely that the modern school would be a reality. Discovery of the various immunizing agents has been achieved through the painstaking work of many keen minds. In many localities diphtheria is a rare disease. The incidence and severity of pertussis have been sharply reduced. Vaccination against smallpox will always remain an outstanding achievement in medical science.

Co-operative research for the development of better medicinal agents is encouraged by the ethical pharmaceutical manufacturer. Scientists of the Lilly Research Laboratories combine their collective talents with those of the clinician to solve problems met in caring for the sick. Through the continuation of this work, reliable medicinal products for both prevention and treatment of disease are made available to the medical profession.

The Illinois Medical Journal

July, 1947

VOL. 92, NO. 1

Official Journal of the Illinois State Medical Society

EDITOR — Harold M. Camp. EDITORIAL BOARD — James H. Hutton, Chairman, Frederick H. Falls, Josiah J. Moore, Edwin M. Miller, Chauncey C. Maher, Harry S. Gradle, Harry Culver, Walter Stevenson, Raymond W. McNealy.

Editorials

ONE HUNDRED YEARS OF MEDICAL PROGRESS

The American Medical Association is celebrating its one-hundredth anniversary this year. The annual meeting in Atlantic City, opening June 9th, was undoubtedly the largest and best medical meeting ever held anywhere in the world. This Centennial Session attracted world wide attention, and many features not previously listed at annual meetings were on the agenda. The Post Office Department issued a commemerative stamp which was released at the meeting.

Illinois physicians point with pride to the fact that the motivating force in the organization of the American Medical Association was an Illinois pioneer physician, Dr. Nathan Smith Davis. For several years before the organization was completed, he had stated repeatedly that such an organization was highly desirable for the better training of the practitioner, and for safeguarding the public against encroachments by untrained or inferior medical personnel.

Doctor Davis was the founder of the Illinois State Medical Society in 1840, and was also one of the physicians responsible for the reorganization in 1850 — from which time the Illinois State Medical has functioned constantly for the best interests of the residents of Illinois. The Society has safeguarded the health interests and has endeavored in every way possible to bring adequate medical care to all the people at a cost they are able to pay.

At this time there are more than 130,000 members of the American Medical Association, and more than 72,000 Fellows. The A.M.A. is literally a federacy of the constituent state medical societies, and the basic unit in this medical organization is the constituent county medical society. It is quite appropriate and fitting indeed to note that while the A.M.A. and its subsidiary societies insist that medical care can be arranged and furnished best at the county level, they have, during this century of progress, maintained a similiar idea in their own organization.

Everyone knows that medicine has made its greatest advancement during the past century, and especially during the past sixty-five years since the discovery and cultivation of bacteria and their relationship to disease, as shown by "Koch's law". The past decade has seen the development of many outstanding therapeutic agencies, several of which have been largely responsible for the sudden drop in mortality rates for a considerable number of diseases.

The American Medical Association has been responsible for the elevation of the standards for both medical education and medical practice. It was the first organization to make a thorough investigation of hospitals and their standardization. Pure food laws were enacted and

quackery largely eliminated through its constant effort to protect the citizenry of the United States.

This is an outstanding Centennial — one which not only the medical profession should celebrate, but which should be recognized by all of our people. We sincerely hope the high standards of the American Medical Association will be maintained throughout the coming centuries and that medicine will continue as a private enterprise where there shall always be maintained a friendly competitive relationship among physicians, rather than to have a medical care program operating from swivel chairs at the Nation's Capitol under which physicians, regardless of their training and ability, would be on the same plane.

The physician and the public must be constantly impressed to respect and treat tuberculosis as a highly contagious disease. Margery Blahd, Eleanor I. Leslie, and Sol Roy Rosenthal, Am. Jour. Pub. Health, July, 1946.

RESIGNATION OF OLIN WEST AS PRESIDENT-ELECT OF THE A.M.A.

Last year at the San Francisco session of the American Medical Association, Olin West who was for so many years secretary and general manager of the Association, was unanimously elected to the office of President-Elect, the nomination being made by an Illinois delegate. Doctor West for years, was a member of this Society, then after his resignation as secretary-general manager, went to his old home at Nashville, Tennessee.

The many friends of Doctor West were sorry to hear of his resignation on account of ill health, a decision which he made reluctantly, but because of his knowledge of the duties of the office of President, and the many arduous tasks that would be his in the event he assumed this highest office given to physicians in this country. Those of us who know Olin West are sorry indeed to hear that he was compelled to resign,

ILLINOIS STATE MEDICAL SOCIETY
GENERAL OFFICERS, 1947-1948

PRESIDENT.....Irving H. Neece, Decatur
PRESIDENT-ELECT.....Percy E. Hopkins, Chicago
1ST VICE-PRESIDENT....H. Kenneth Scatliff, Chicago
2ND VICE-PRESIDENT.....Walter E. Kittler, Rochelle
SECRETARY-TREASURER....Harold M. Camp, Monmouth

THE COUNCIL

L. J. Hughes.....1st District, Elgin.....1950
H. L. Pettitt.....2nd District, Morrison.....1950
Darwin B. Pond....3rd District, Chicago.....1950
Harry M. Hedge....3rd District, Chicago.....1949
Oscar Hawkinson....3rd District, Oak Park....1948
Wade C. Harker....3rd District, Chicago.....1950
Leo P. A. Sweeney..3rd District, Chicago.....1948
H. Prather Saunders.3rd District, Chicago.....1949
Charles P. Blair....4th District, Monmouth....1949
Ralph P. Peairs....5th District, Normal.....1949
Walter Stevenson....6th District, Quincy.....1948
Charles H. Hulick..7th District, Shelbyville ...1949
Harlan English.....8th District, Danville.....1949
Charles O. Lane 9th District, W. Frankfort.1948
G. C. Otrich.....10th District, Belleville.....1948
Edwin S. Hamilton.11th District, Kankakee.....1950

Everett P. Coleman,
Councilor at large Canton 1949
Robert S. Berghoff,
Councilor at large Chicago 1950
Chairman of the Council Walter Stevenson

ILLINOIS MEDICAL JOURNAL

Harold M. Camp, Monmouth.....Editor
L. E. Malley, Chicago....Managing Editor & Business Mgr.
Harry M. Hedge, Chicago....Chairman, Journal Committee
Harry J. Stewart, Oak Park....Secretary, Journal Committee
Business Office....30 North Michigan Ave., Chicago 2
Editorial Office.....Monmouth, Illinois

GENERAL COUNSEL

Edward W. Rawlins.....77 West Washington St., Chicago

MEDICAL SERVICE & PUBLIC RELATIONS

James H. Hutton, Chairman..30 No. Michigan Ave., Chicago
Mr. John W. Neal, Exec. Sec...30 N. Michigan Ave., Chicago
Mr. J. C. Leary, Pub. Rela. Coun...231 S. LaSalle St., Chi.

PERMANENT HISTORIAN

David J. Davis.....721 Elmwood Ave., Wilmette

MEDICO-LEGAL COMMITTEE

Oscar Hawkinson, Chairman.....1011 Lake St., Oak Park

PERMANENT COMMITTEE ON ARCHIVES

D. D. Monroe, Chairman.....Alton
C. Ellsworth Black, Secretary.....Jacksonville
E. H. Weld.....Rockford
Ex-officio:
David J. Davis, Perm. Historian.721 Elmwood Ave., Wilmette

EDUCATIONAL COMMITTEE

Charles P. Blair, Chairman.....Monmouth
Warren W. Furey, Vice-Chm.....104 S. Michigan, Chicago
Ann Fox, Secretary.....30 N. Michigan Ave., Chicago

SCIENTIFIC SERVICE COMMITTEE

Robert S. Berghoff, Chairman.30 N. Michigan Ave., Chicago
Leo. P. A. Sweeney, Vice-Chm...9715 Winston Ave., Chicago

POST GRADUATE COMMITTEE

Robert S. Berghoff, Chairman.30 N. Michigan Ave., Chicago
Geo. A. Hellmuth, Vice-Chm.....1180 E. 63rd St., Chicago

Outside of editorial or allied views or statements that are the authoritative actions of the Illinois State Medical Society, the organization denies responsibility for opinions and statements published in the ILLINOIS MEDICAL JOURNAL. Views expressed by the various authors and views set forth in various departments in the JOURNAL represent the views of the writers.

State Society will pay no bills for legal services except those contracted by the Committee. Notify the Chairman at once. Do not employ attorneys.

Send advertising copy, and all communications relating to advertising to ILLINOIS MEDICAL JOURNAL, 30 N. Michigan Avenue, Chicago.

Original articles and membership correspondence to Dr. Harold M. Camp, Monmouth, Ill.

Society proceedings and news items and changes in the mailing list to Managing Editor, 30 N. Michigan Ave., Chicago 2, Illinois.

Subscription price of this JOURNAL to persons not members of the Illinois State Medical Society is $3.00 per year, in advance, postage prepaid, for the United States, Cuba, Porto Rico, Philippine Islands, Hawaiian Islands and Mexico. $4.00 per year for all foreign countries included in the postal union. Canada, $3.50. Single current copies, 50 cents. By mail, 60 cents.

especially because of his health impairments. We all hope that his health will improve so that we may greet him at meetings of the A.M.A. and of other medical organizations in the future.

In accordance with the By-Laws of the A.M.A., the vice-president, Edward L. Bortz of Philadelphia automatically succeeds Doctor West, and was installed as President at the Atlantic City Centennial Meeting. It is fortunate indeed that a man of his ability and character was elected last year as vice-president. Everyone who knows this capable gentleman is sure that he will carry on most satisfactorily indeed as President of the American Medical Association for the coming year. Doctor Bortz has been very active over a long period of time in medical society activities both in his own state and in the affairs of the A.M.A.

The Illinois State Medical Society, although very sorry to hear of the ill health of our own Olin West, is happy indeed that Doctor Bortz will carry on the many duties of his office. We desire to assure Doctor Bortz that this Society will support him in every way possible during the coming year, and especially at a time when it is so highly important that the right type of men in medicine are selected for this high office.

THE COMMITTEE ON SCIENTIFIC WORK

Under the by-laws of the Illinois State Medical Society, the Committee on Scientific Work is compelled to have at least one meeting each year to make complete arrangements for the scientific program for the next annual meeting of the society. The committee is composed of the chairman and secretary of each of the eight sections with the president and secretary of the State Society as ex-officio members.

It is quite obvious that the success of the annual meetings in regard to the scientific programs depends on the type of men selected as section officers and their efforts in procuring the right type of speakers to be scheduled for presentations.

With the present arrangement in having at least two full days devoted to the scheduling of general assembly sessions it is quie necessary that a well-balanced program be arranged. We point with pride to the programs presented at the 1947 annual meeting, and especially those speakers who appeared before the general assembly.

There is every reason to believe that the programs for the 1948 annual meeting of this Society will likewise be popular when we consider the men who were elected by their respective sections to function as chairman and secretary for the next year. We are listing here the section officers who will assume full responsibility for preparing another highly interesting scientific program for the 1948 annual meeting.

1947-1948 SECTION OFFICERS:

SECTION ON MEDICINE:
- Theodore R. VanDellen, Chairman, 303 E. Chicago Ave., Chicago
- J. C. Redington, Secretary, Galesburg

SECTION ON SURGERY:
- Harry A. Oberhelman, Chairman, 30 North Michigan Ave., Chicago 2
- David B. Freeman, Secretary, Moline

SECTION ON EYE EAR NOSE AND THROAT:
- Paul H. Holinger, Chairman, 700 North Michigan Ave., Chicago
- Perry E. Duncan, Secretary, Springfield

SECTION ON PUBLIC HEALTH AND HYGIENE:
- Robert Dessent, Chairman, 737 S. Wolcott Ave., Chicago
- Jerome J. Sievers, Secretary, Springfield

SECTION ON RADIOLOGY:
- Cesare Gianturco, Chairman, 602 W. University Ave., Urbana
- John H. Gilmore, Secretary, 720 N. Michigan Ave., Chicago

SECTION ON PEDIATRICS:
- Frederick H. Maurer, Chairman, Peoria
- Eugene T. McEnery, Secretary, 4458 West Madison St., Chicago

SECTION ON OBSTETRICS AND GYNECOLOGY:
- Harold Miller, Chairman, 30 N. Michigan Avenue, Chicago 2
- W. C. Scrivner, Secretary, East St. Louis

SECTION ON PATHOLOGY:
- S. A. Levinson, Chairman, 915 E. Hyde Park Blvd., Chicago
- George Milles, Secretary, 411 West Dickens Ave., Chicago 14

While tuberculosis is often stated to be a consequence of poverty, it is in itself a cause of great economic loss. This is a result not only of the very high rates of prevalence which still prevail in many countries but also of the peculiar age selectivity of the disease. It affects men and women in their most productive years, and at ages when they are most likely to have dependents. The immediate loss, therefore, is but part of the picture. The social illness continues long after that of the individual terminates. James A. Doull, M. D., NTA TRANS, 1946.

COUNCIL COMMITTEES FOR 1917-1918

The annual organization meeting of the Council of the Illinois State Medical Society was held in Chicago on May 25, and at this meeting the various committees to be appointed by the Council were named for the next fiscal year. The list of committees is as follows:

COMMITTEES WITHIN THE COUNCIL

EXECUTIVE COMMITTEE:
- Walter Stevenson, Chairman, 500 W. C. U. Building, Quincy
- Leo P. A. Sweeney, 9300 S. Ashland Ave., Chicago
- Edwin S. Hamilton, Kankakee
- Irving H. Neece, Decatur
- Percy E. Hopkins, 800 West 78th Street, Chicago
- Oscar Hawkinson, 1011 Lake Street, Oak Park
- G. C. Otrich, Belleville
- Harold M. Camp, Monmouth

FINANCE COMITTEE:
- Edwin S. Hamilton, Chairman, Kankakee
- Charles P. Blair, Monmouth
- Wade C. Harker, 4458 W. Madison St., Chicago

JOURNAL COMMITTEE:
- Harry M. Hedge, Chairman, 30 N. Michigan Ave., Chicago
- Charles O. Lane, West Frankfort
- H. L. Pettitt, Morrison
- H. Prather Saunders, 40 E. Erie Street, Chicago
- Wade C. Harker, 4458 W. Madison Street, Chicago
- Harry J. Stewart, Secretary, 715 Lake Street, Oak Park

COMMITTEES FOR STATE WIDE WORK

EDUCATIONAL COMMITTEE:
- Charles P. Blair, Chairman, Monmouth
- Warren W. Furey, Vice-Chairman, 104 S. Michigan Ave., Chicago
- Ford K. Hick, U. of Ill., 1853 W. Polk Street, Chicago
- George L. Drennan, Jacksonville
- C. Paul White, Kewanee
- Miss Ann Fox, Secretary, 30 N. Michigan Ave., Chicago

SCIENTIFIC SERVICE COMMITTEE:
- Robert S. Berghoff, Chairman, 30 N. Michigan Ave., Chicago
- Leo P. A. Sweeney, Vice Chairman, 9300 S. Ashland Ave., Chicago
- Louis R. Limarzi, 3505 West Adams Street, Chicago
- Robert J. Patton, 107 S. Fifth Street, Springfield
- Wade C. Harker, 4458 W. Madison Street, Chicago
- John H. Gernon, 113 N. Neil Street, Champaign
- Charles H. Hulick, Shelbyville
- Harry A. Oberhelman, 30 N. Michigan Ave., Chicago

POST GRADUATE COMMITTEE:
- Robert S. Berghoff, Chairman, 30 N. Michigan Ave., Chicago
- George A. Hellmuth, Vice-Chairman, 1180 East 63rd St., Chicago
- Warren H. Cole, 1853 West Polk Street, Chicago
- Frank Deneen, Bloomington
- F. Garm Norbury, Jacksonville
- Charles O. Lane, West Frankfort
- N. C. Barwasser, Moline

VETERANS' SERVICE COMMITTEE:
- E. H. Blair, Chairman, 9201 S. Winchester Ave., Chicago 20
- F. T. Brenner, Jr., Quincy
- Pliny R. Blodgett, 1602 Otto Ave., Chicago Heights
- Philip Lewin, 55 E. Washington St., Chicago
- Gilbert Edwards, Pinckneyville
- Kenneth H. Schnepp, Springfield
- M. Herbert Barker, 700 N. Michigan Ave., Chicago

COMMITTEE ON SCIENTIFIC EXHIBITS:
- John A. Mart, Chairman, and Director of Exhibits 700 North Michigan Avenue, Chicago
- (To name his own committee)

ADVISORY COMMITTEE TO WOMAN'S AUXILIARY:
- Darwin B. Pond, Chairman, 4753 Broadway, Chicago
- Rollo K. Packard, 826 East 61st Street, Chicago
- E. G. Beatty, Pontiac
- Harold M. Camp, Monmouth

COMMITTEE ON PHYSICAL THERAPY:
- John S. Coulter, Chairman, 122 S. Michigan Ave., Chicago
- Emil D. W. Hauser, 720 N. Michigan Ave., Chicago 11
- Hugh Cooper, Peoria
- Ralph P. Peairs, Normal
- Disraeli W. Kobak, 30 North Michigan Ave., Chicago
- H. Worley Kendell, 1819 Polk Street, Chicago

COMMITTEE ON CANCER CONTROL:
- Warren H. Cole, Chairman, 1853 W. Polk Street, Chicago
- H. E. Davis, 720 N. Michigan Avenue, Chicago
- Roswell T. Pettit, Ottawa
- Thomas C. Galloway, 636 Church Street, Evanston
- Edwin F. Hirsch, 5830 Stony Island Ave., Chicago
- Harry Otten, Springfield
- Charles L. Leonard, Rockford

CONSTITUTION AND BY LAWS COMMITTEE:
- Warren W. Furey, Chairman, 104 South Michigan Ave., Chicago
- H. Nolan Fisher, Olney
- P. R. Blodgett, 1602 Otto Ave., Chicago Heights

ADVISORY COMMITTEE ON VENEREAL DISEASE CONTROL:
- Irving H. Neece, Chairman, Decatur
- Norris J. Heckel, 122 S. Michigan Ave., Chicago
- Harry Culver, 7 West Madison Street, Chicago
- J. E. Wheeler, Belleville

ETHICAL RELATIONS COMMITTEE:
- E. S. Hamilton, Chairman, Kankakee
- G. Henry Mundt, 30 N. Michigan Ave., Chicago
- George H. Gardner, 700 N. Michigan Ave., Chicago

FIFTY YEAR CLUB COMMITTEE:
Andy Hall, Chairman, Mt. Vernon
Channing W. Barrett, 6 N. Michigan Ave., Chicago
E. H. Ochsner, 2256 Lincoln Park West, Chicago
H. O. Munson, Rushville

COMMITTEE ON MENTAL HYGIENE:
Abraham Levinson, Chairman, 30 N. Michigan Ave., Chicago 2
Bert I. Beverly, 8 S. Michigan Ave., Chicago
Gerald M. Cline, Bloomington
Walter M. Whitaker, Quincy
Rudolph G. Novick, 343 N. Dearborn Street, Chicago

ADVISORY COMMITTE, ILLINOIS PUBLIC AID COMMISSION:
Everett P. Coleman, Chairman, Canton
E. S. Hamilton, Kankakee
Percy E. Hopkins, 800 West 78th Street, Chicago
Julius H. Hess, 104 S. Michigan Ave., Chicago
Harlan English, Danville
Ex-officio:
Irving H. Neece, President, Decatur
Walter Stevenson, Chairman of the Council, Quincy
Harold M. Camp, Secretary, Monmouth
Sub-Committee on Ophthalmology:
Derrick T. Vail, 2450 Lakeview Ave., Chicago
Watson Gailey, Bloomington
Walter Stevenson, Quincy
Sub-Committee on Radiology:
Roswell T. Pettit, Ottawa
Warren W. Furey, 104 S. Michigan Ave., Chicago
Fred H. Decker, Peoria

COMMITTEE ON RURAL MEDICAL SERVICE:
Harlan English, Chairman, Danville
G. C. Otrich, Belleville
W. I. Lewis, Herrin
Edgar C. Cook, Mendota
J. C. Redington, Galesburg

ADVISORY COMMITTEE ON CHILD HEALTH SERVICE — AMERICAN ACADEMY OF PEDIATRICS: (Permanent Committee)
John F. Carey, Chairman, Joliet
Gerald Cline, Bloomington
W. L. Crawford, Rockford
George L. Drennan, Jacksonville
Julius H. Hess, 104 S. Michigan Ave., Chicago
Eugene T. McEnery, 4458 W. Madison Street, Chicago

INTERPROFESSIONAL RELATIONS COMMITTEE:
Wayne B. Slaughter, Chairman (M.D. and D.D.S) 55 E. Washington St. Chicago
H. L. Pettitt, Morrison
L. J. Hughes, Elgin
Warren F. Pearce, Quincy
Fred H. Muller, 8056 S. Justine Ave., Chicago

COMMITTEE ON INDUSTRIAL HEALTH:
Joseph H. Chivers, Chairman, 836 S. Michigan Ave., Chicago
Richand J. Bennett, Jr., 208 S. LaSalle Street, Chicago
C. O. Sappington, 330 S. Wells Street, Chicago
Harold A. Vonachen, 901 Hamilton Blvd., Peoria
R. I. Barickman, Streator

MATERNAL WELFARE COMMITTEE:
Frederick H. Falls, 715 Lake Street, Oak Park
A. B. Owen, Rockford
J. T. O'Neill, Ottawa
W. R. Young, Geneseo
Ralph R. Loar, Bloomington
M. E. Bitter, Quincy
Lee O. Frech, Decatur
Carl Greenstein, Urbana
Willis I. Lewis, Herrin
W. C. Scrivner, East St. Louis
James C. Carey, Joliet

CRIPPLED CHILDREN'S CLINIC COMMITTEE:
Frank G. Murphy, Chairman, 9204 Commercial Ave., Chicago 17,
Ralph P. Peairs, Normal
Charles Papik, 800 West 78th Street, Chicago
Herbert Richard Kobes, 1105 South 6th Street, Springfield

COMMITTEE ON TUBERCULOSIS CONTROL:
F. M. Meixner, Chairman, Peoria
Frank J. Smejkal, 4328 Elston Ave., Chicago
Robert K. Campbell, St. John's Sanitarium, Springfield

ADVISORY COMMITTEE ON REHABILITATION:
E. P. Coleman, Chairman, Canton
David B. Freeman, Moline
E. E. Nystrom, Peoria
Darwin B. Pond, 4753 Broadway, Chicago
Hermon H. Cole, Springfield (liaison — Governor's Committee)

ADVISORY COMMITTEE TO THE VETERANS' ADMINISTRATION:
Percy E. Hopkins, Chairman, 800 West 78th Street, Chicago
Irving H. Neece, Decatur
Everett P. Coleman, Canton
Harold M. Camp, Monmouth

COMMITTEE ON NUTRITION:
G. C. Otrich, Chairman, Belleville
E. S. Hamilton, Kankakee
Harlan English, Danville
E. P. Coleman, Canton
John P. O'Neil, 30 N. Michigan Ave., Chicago

COMMITTEE ON VOLUNTARY PREPAYMENT PLANS FOR MEDICAL & SURGICAL CARE:
Percy E. Hopkins, Chairman, 800 W. 78th Street, Chicago

(*Continued on page* 8)

Correspondence

THE THIRD AMERICAN CONGRESS ON OBSTETRICS AND GYNECOLOGY

The Third American Congress on Ostetrics and Gynecology will be held from September 8-12, 1947 in the Municipal Auditorium in St. Louis, Missouri. Dr. Fred L. Adair of Chicago is again General Chairman.

The program under the direction of Dr. William F. Mengert of Dallas is being made up to appeal to the obstetric and gynecologic specialist, to the general practitioner interested in those fields, to the hospital administrator and to nurses. The program will include sections for the public health doctor and the public health nurse. The medical section of the program is under the direction of Dr. Ralph A. Reis of Chicago as in 1942.

INDIANA LICENTIATES MUST REGISTER ANNUALLY

Chapter 254 of the 1947 Acts of the General Assembly of Indiana, requires: That, every person who now holds, or may hereafter hold, a valid and unrevoked certificate for a license to practice the Healing Art in any form or manner, granted by the Board of Medical Registration and Examination of Indiana, shall be required to register with said Board, during the month of July and not later than the last day of August, immediately following the effective date of this Act, which registration shall be for the period ending June 30, 1948, and shall, annuallly thereafter, on or before August 31st of each year, be required to register with said Board. Each applicant for registration shall remit with his application the sum of Five ($5) Dollars as the annual registration fee if he resides within the boundaries of the State of Indiana; and if residing outside the boundaries of the State of Indiana, shall remit the sum of Ten ($10) Dollars as the annual registration fee; Provided, that no registration or fee for registration shall be required of any holder of a certificate on or before the month of July of the year following the year within which such certificate was issued. Failure to comply with provisions of this Act shall operate automatically to cancel his/her certificate, and any license issued thereunder, and continued practice after cancellation of the certificate and license issued thereunder shall be considered as practicing without license. A certificate cancelled for failure to register many be reinstated by said Board upon submission of the applicant's last registration certificate together with current and delinquent fees, and a penalty in the sum of Ten ($10) Dollars.

SICKNESS BENEFITS PLAN FOR RAILROAD WORKERS

Approximately 180,000 railroad employees in Illinois are now protected by the new sickness insurance system for railroad workers, according to Mr. Woodcock, field representative of the Railroad Retirement Board. He estimates that $3,100,000 in sickness benefits will be paid out in this area in the coming year. The program was established by amendments of the Railroad Unemployment Insurance Act passed by Congress last July. Under this plan, railroad employees will become one of the first groups in the Nation to be insured under a Government plan against loss of wages from temporary disability. "Any kind of illness or injury will be covered, regardless of how or where it occurred," said Mr. Woodcock.

The new sickness benefits, like the benefits now payable for unemployment due to lack of work, will be financed entirely through taxes paid by the railroads under the Railroad Unemployment Insurance Act. No tax for this purpose will be paid by the employees.

Here is how the new program will operate:

To become eligible for benefits, the employee must (1) have earned $150 or more in railroad employment in 1946, (2) be unable to work for at least 7 days out of a consecutive 14-day period, and (3) mail an application and a doctor's statement showing that he is unable to work to an office of the Railroad Retirement Board within 7 days after the first day he wishes to claim.

Claims for sickness benefits, like those for unemployment benefits, will cover periods of 14 consecutive days. In the first claim period, an employee will be paid for every day of sickness over 7. After the first period, he will receive benefits for each day over 4.

The amount of benefits an employee may receive will vary from $1.75 to $5.00 a day depending upon the amount of his 1946 earnings. The lowest rate —$1.75 — is for the employee who earned from $150 to $199 and the highest — $5.00 — is for the man who made $2,500 or more. The maximum that any worker can draw in a benefit year ranges from $227.50 to $650.00. This will provide benefits for a continuous illness or 26 weeks after the 7-day waiting period.

A physician's statement of sickness will be required before claims can be paid. Employees are free to choose their own doctors, and any physician to whom an employee goes for examination or treatment may supply the information required as initial proof of an employee's claim.

The forms on which medical information will be requested from a physician are the "Statement of Sickness" and the "Supplemental Doctor's Statement." The first mentioned form is intended primarily to obtain information at the beginning of each illness, and the second is intended to obtain additional information only when such information is needed later on in the same illness. The statements are designed to furnish, as simply and as conveniently as possible for the physician, the minimum information required for Board purposes.

The "Statement of Sickness" on which the medical evidence is to be furnished must be mailed to the appropriate office of the Railroad Retirement Board within seven days after the first day claimed as a day of sickness, or the employee may lose part of his benefits. Claims for succeeding fourteen day periods may be allowed for a predetermined period as indicated by the medical evidence on the doctor's initial statement, but in continuing illnesses supplemental information about the patient's illness may also be requested from the physician.

WANTED BY FBI FOR DEFRAUDING PHYSICIANS

One Hobart M. Prosser, alias Harry Martin Moore, is a fugitive from justice. The Federal Bureau of Investigation is seeking his apprehension on the basis of a warrant issued for his arrest in Louisville, Ky., June 6. Prosser has defrauded a number of physicians throughout the



country through the sale of Canadian stocks. When the sale transaction has been completed, Prosser, through devious schemes and devices, manages to regain possession of the stock and disappear. His description is as follows:

Age:	61
Height:	5′ 6½″
Weight:	160 pounds
Race:	White
Nationality:	American
Eyes:	Brown
Hair:	Brown
Build:	Medium stout
Scars and marks:	Small brown mole on back of left hand; irregular scar on upper lip; irregular scar at left temple
Former residence:	Oak Park, Illinois
Occupation:	Salesman

Prosser has undergone a colostomy and still wears a bag.

Any person having information which may

assist in locating Harry Martin Moore is requested to immediately notify the Director of the Federal Bureau of Investigation, United States Department of Justice, Washington, D. C., or the Special Agent in Charge of the Division of the Federal Bureau of Investigation which is nearest your city.

THE AMERICAN CONGRESS OF PHYSICAL MEDICINE

Will hold its twenty-fifth annual scientific and clinical session Sept. 2, 3, 4, 5 and 6 inclusive, at the Hotel Radisson, Minneapolis. Scientific and clinical sessions will be given the days of Sept. 3, 4, 5 and 6. All sessions will be open to members of the medical profession in good standing with the American Medical Association. In addition to the scientific sessions, the annual instruction courses will be held Sept. 2, 3, 4 and 5. These courses will be open to physician and the therapists registered with the American Registry of Physical Therapy Technicians. For information concerning the convention and the instruction course, address the American Congress of Physical Medicine, 30 North Michigan Avenue, Chicago 2, Illinois.

NAVAL RESERVE MEDICAL OFFICERS CAN HAVE ACTIVE DUTY

The attention of Reserve Medical Officers is invited to the opportunity to return to *active duty* at one of the major naval air stations of the Naval Air Reserve Training Command or at one of the Naval Air Reserve Training Units (NARTUs) listed below:

NAS Atlanta, Ga.
NAS Columbus, Ohio
NAS Denver, Colo.
NAS Dallas, Texas
NAS Glenview, Ill.
NAS Grosse Ile, Mich.
NAS Los Alamitos, Calif.
NAS Memphis, Tenn.
NAS Miami, Fla.
NAS Minneapolis, Minn.
NAS New Orleans, La.
NAS New York, New York
NAS Oakland, Calif.
NAS Olathe, Kas.
NAS Squantum, Mass.
NAS St. Louis, Mo.
NAS Willow Grove, Pa.
NARTU, NAS Anacosta, D.C.
NARTU, NAS Jacksonville, Fla.
NARTU, NAS Norfolk, Va.
NARTU, NAS Seattle, Wash.

Reserve Medical Officers who are interested in *active duty* at one of the stations or units listed above should initiate letters to the Bureau of Naval Personnel, via Chief of Naval Air Training, Naval Air Station, Glenview, Ill., and BuMed, listing three or four stations at which duty is desired in order of preference. Personnel are desired in rank of Commander and below in the Medical Corps. However, Captains may apply for duty in their rank, requesting waiver.

Officers qualifying for the above billets will not be subject to transfer and may terminate the tour of duty at own request. Flight Surgeons are assured of orders to duty involving flying. Government quarters are available at several of the major naval air stations. *Here is a chance for a reserve officer awaiting residency or fellowship in a civilian hospital to obtain a full time paying job in the meantime.*

COUNCIL COMMITTEES (Continued)

Warren W. Furey, 104 S. Michigan Ave., Chicago
Harold Miller, 30 N. Michigan Ave., Chicago
Edwin S. Hamilton, Kankakee
Charles P. Blair, Monmouth
David B. Freeman, Moline
E. G. Quattlebaum, Jr., Rockford

Ex-officio:
Irving H. Neece, President, Decatur
Walter Stevenson, Chairman of the Council, Quincy
Harold M. Camp, Secretary, Monmouth

COMMITTEE ON MEDICAL ECONOMICS:
Chauncey C. Maher, Chairman, 6 North Michigan Ave., Chicago
(Committee to be named later)

ADVISORY COMMITTEE: STATE COMMISSION ON THE CHRONICALLY ILL:
E. P. Coleman, Chairman, Canton
K. B. Rieger, Freeport
G. E. Johnson, 1000 West 59th Street, Chicago
F. Lee Stone, 14 West Elm Street, Chicago
Charles Allison, Kankakee

Ex-officio:
Irving H. Neece, President, Decatur
Walter Stevenson, Chairman of the Council. Quincy
Harold M. Camp, Secretary, Monmouth

State Department of Public Health

THE ILLINOIS POLIOMYELITIS PROGRAM

Our present knowledge of poliomyelitis has not given us any means of preventing this disease, and very inadequate means of checking its spread. Lacking a method of immunization, and with isolation and sanitation of doubtful value, it is believed that the best service which can be rendered in poliomyelitis is to facilitate an early diagnosis and to make available the best possible treatment.

The district, county and full-time city health officers of Illinois have had special instruction in the early diagnosis of poliomyelitis and stand ready to consult with the private physician, and to assist in any diagnostic procedure. Furthermore, the plan which has been worked out to obtain hospital care and treatment for the poliomyelitis patient is dependent upon the health officer being notified of the case as early as possible. By law, it is required that all cases or suspect cases of poliomyelitis be reported to the health department through the regular channels. However, in the best interests of the patient, private physicians are urged to report their cases directly to the appropriate full-time health officer as soon as the disease is suspected.

At a "Polio Preparedness Meeting" in Springfield on May 20, held under the auspices of the State Department of Public Health, the Division of Services for Crippled Children of the University of Illinois, and the National Foundation for Infantile Paralysis, discussion revolved about an acceptable plan to care for patients with polio, especially in epidemic situations. It was felt that as soon as cases were reported to the Health Officer and it became apparent that hospital care was necessary the Division of Services for Crippled Children should be called so that that agency would make arrangements for care in the nearest one of the hospitals selected for handling polio patients.[1]

The authorities on polio agreed that since the interests of the patients were of primary importance and care should be given in a few carefully chosen hospitals having on their medical staffs highly qualified pediatricians, internists, orthopedic surgeons, and other specialists. The standards, both as to hospitals and physicians, are those set up through the Professional Advisory Committee of the Division of Services for Crippled Children.

Under the plan which operated successfully in various hospitals during the 1946 epidemic, acute cases are assigned to a pediatrician or internist for the first several weeks of acute care. An orthopedic surgeon also is assigned as a consultant immediately on the admission so that he may know about the patient as soon as possible. When the acute and systemic phase of the disease has waned and the orthopedic phase becomes of dominant importance the orthopedist then assumes charge but the internist or pediatrician may remain as consultant regarding problems relative to the patient's general medical problems.

1. In Cook County the Cook County Chapter of the National Foundation for Infantile Paralysis provides care directly through its office in Chicago since this Chapter has a full time professional staff which can meet the needs of all patients in this county and full resources are readily available within the county.

Provisions for acute and convalescent (Orthopedic) care are available in Chicago and Evanston, Rockford, Rock Island-Moline, Peoria, Joliet, Bloomington, Springfield, Alton, East St. Louis, Decatur and Champaign, though not all of these communities shared with the Division care for patients in 1946.

Because of the long period of specialized care that is necessary for most paralyzed patients very few families have economic resources adequate to provide the total care. Thus aid from the Division of Services for Crippled Children or the National Foundation for Infantile Paralysis, who share the responsibilities for payments of care, must be sought. By having patients routed through the Division of Services for Crippled Children as indicated above, this financial hurdle can be taken in stride during a most critical and distressing period for the patient's family.

Another advantage accrues to the benefit of the patient from following this routine since after hospital discharge a long period of follow-up intervenes. The Division of Services for Crippled Children has clinics available to patients in all parts of Illinois where orthopedic surgeons can check the progress made by patients and care for their needs as these relate to the provision of braces and surgical correction. Physical therapy can often be arranged near the patient's home and in many instances physiotherapists on the Division of Services for Crippled Children's staff can supervise the care given in the home.

The National Foundation for Infantile Paralysis assumes responsibility for getting special polio equipment for hospitals and recruits physical therapists. Along with the American Red Cross it also helps recruit necessary additional nursing staff. Transportation by ambulance is also provided through the County Chapters of the National Foundation for Infantile Paralysis.

It is felt that if this plan of operation is available to patients located throughout Illinois the best care for each patient can be obtained with a minimum of delay or confusion to all concerned. Its objective is to gain for the patient the best care available.

Herbert R. Kobes, M.D., Director
Division of Services for Crippled Children
University of Illinois
Jerome J. Sievers, M.D., Chief
Division of Communicable Diseases
Illinois Department of Public Health

EMERGENCY MATERNAL AND INFANT CARE PROGRAM TERMINATED

Eligibility for benefits under the war emergency program for providing medical and hospital care for the pregnant wives and the infants of enlisted men in the armed forces terminated on June 30, 1947. No one who was not eligible or potentially eligible for benefits on that date will become eligible thereafter.

Applications for benefits may still be filed and benefits authorized however, in favor of an eligible wife who became pregnant prior to that date. The baby born to a woman under such circumstances would be eligible for medical care until the age of one year.

The emergency maternity and infant care program was started in Illinois in November 1942. Since that time the medical and hospital bills involved in the prenatal, delivery and postnatal care of approximately 65,000 wives of enlisted men have been paid. Likewise the medical and hospital bills for the care of approximately 10,000 infants who became ill during the first year of life have been paid. The total expenditure for these purposes exceeds $8,000,000.

The liquidation of the program will require approximately two years because babies born to eligible mothers nine months after June 30 will be eligible for care until the age of one year.

Through the operation of the emergency maternity and infant care program the best medical and hospital services available in Illinois were provided for the eligible mothers and babies and each patient selected the physician and hospital of her choice. This service in all probability has had an important bearing on the saving of life and health. The steady decline of maternal and infant mortality during the period so indicates.

The funds for this program are provided by the federal government. The program has been administered by the State Department of Public Health under the immediate supervision of Dr. Henrietta Herbolsheimer, Chief, Division of Maternal and Child Hygiene.

House of Delegates

FIRST SESSION

The first meeting of the House of Delegates of the Illinois State Medical Society was held in the Palmer House, Chicago, on Monday, May 12, 1947.

The meeting was called to order at 3:25 P.M. by the President, Dr. Robert S. Berghoff, Chicago.

THE PRESIDENT: It is a pleasure and a privilege to welcome you to the 107th annual meeting of the Illinois State Medical Society. I have only a few notations for you. It goes without saying that I shall do everything I can to expedite this meeting and to preside over it to the best of my ability. This is my third experience in conducting the House of Delegates. I presided over one meeting of the House of Delegates when my good friend Dr. Post died, and over the Special Session held in July of last year. I made the statement then that I was no parliamentarian and because I am no parliamentarian I have appointed a Committee consisting of the President Elect of the Chicago Medical Society, Dr. Warren Furey, and the President Elect of the Illinois State Medical Society, Dr. Irving H. Neece. To expedite this session and for our Minutes and for the official records, I would like to request that any man making a motion shall please rise and give his name and the same applies to seconders of motions. It will be a pleasure for the Chairman of the meeting to acknowledge supplementary reports from all of you when your particular Committee report is called for. After the meeting is over I will tell you where the caucus for the downstate and the Chicago Medical Society will be held. With these few introductory remarks we shall proceed with the agenda.

The first order of business will be the roll call of officers and members of the Council.

(The Secretary called the roll)

The next order of business will be the report of the Credentials Committee.

DR. E. S. HAMILTON, Kankakee: There are present and certified 58 delegates from the Chicago Medical Society, 63 from downstate, 4 officers and 16 members of the Council, making a total of 141 members. I move, Mr. President, that this number constitute the voting strength of this meeting of the House of Delegates. (Motion seconded by Dr. P. R. Blodgett, Chicago Heights, and carried).

THE PRESIDENT: The next order of business is the approval of the Minutes of the annual meeting held May 14-16, 1946.

DR. W. E. KITTLER, Rochelle: I move that the Minutes be approved as published in the July and August issues of the Illinois Medical Journal without alteration or correction. (Motion seconded by Dr. Robert Hayes, Chicago, and carried).

THE PRESIDENT: The next order of business is the approval of the Minutes of the special meeting of the House of Delegates held July 28, 1946.

DR. W. W. FULLERTON, Steeleville: I move that the minutes of the special meeting be approved as they appear on the mimeograph copy mailed to the Delegates. (Motion seconded by Dr. R. K. Packard, Chicago, and carried).

THE PRESIDENT: The next order of business is the appointment of the following Reference Committees:

Committee on Attendance: Drs. John A. Graham, Charles Drueck, Bernard Klein and Otto Bettag.

Committee on Credentials: Edwin S. Hamilton, Warren W. Furey, Walter E. Kittler and W. O. Thompson.

Committee on Reports of Officers, to receive and report on reports of President, President-Elect, Secretary-Treasurer, Chairman of the Council: Drs. Mather Pfeiffenberger, Chairman, Lee Frech, G. H. Mundt.

Committee on Reports of Councilors to receive and report on reports of Councilors: Drs. H. K. Scatliff, Chairman, Frank Deneen, J. P. O'Neil.

Committee on Reports of Standing Committees to receive and report on reports of Committee on Medical Service and Public Relations, Professional Demeanor, Medical Education and Hospitals, Medical Benevolence, Archives: Drs. D. B. Freeman, Chairman, R. H. Hayes, C. Ellsworth Black.

Committee on Reports of Council Committees: *Committee "A"* to receive and report on reports of Educational Committee, Scientific Service Committee, Postgraduate Committee, and Fifty Year Club Committee:

Drs. Warren Furey, Chairman, C. H. Phifer, L. S. Reavley.

Committee "B" to receive and report on reports of Advisory Committee to the Illinois Public Aid Commission and Committee on Constitution and By-Laws: Drs. D. W. Fey, Chairman, F. M. Hagans, Anders Weigen.

Committee "C" to receive and report on reports of Committee on Voluntary Prepayment Plans for Medical and Surgical Care: Drs. E. H. Weld, Chairman, J. J. Moore, C. Paul White.

Committee "D" to receive and report on reports of Committee on Rural Medical Service, Industrial Health, Ethical Relations and Maternal Welfare: Drs. P. R. Blodgett, Chairman, Robert Mustell, and H. A. Felts.

Committee "E" to receive and report on reports of Committee on Cancer Control, Tuberculosis and Venereal Disease Control: Drs. Frank Maple, Chairman, A. M. Vaughn, W. W. Fullerton.

Committee "F" to receive and report on reports of Veterans Service Committee, Committee on Veterans Rehabilitation, Advisory Committee — Veterans' Administration: Drs. J. C. Redington, Chairman, Robert E. Bedard, S. M. Goldberger.

Committee to receive and report on reports of Editor of the Illinois Medical Journal, Committee on Scientific Work, Woman's Auxiliary: Drs. H. W. Miller, Chairman, E. H. Ochsner, A. H. Bitter.

Committee on Miscellaneous Business to receive and report on other matters of business as referred by the President: Drs. J. B. Moore, Chairman, W. H. Schowengerdt, Charles Roth.

Committee on Resolutions: Drs. James H. Hutton, Chairman, Fred Muller, Andy Hall.

THE PRESIDENT: The next order of business will be the presentation of the annual reports. These have been printed in the handbook but they can be supplemented if you so desire.

REPORT OF THE PRESIDENT

To the Members of The House of Delegates:

Pursuant to the mandate of the Constitution and By-Laws of the Illinois State Medical Society, the President of this Society has annually for more than one hundred years, reported to the House of Delegates upon the activities, difficulties and accomplishments of the Illinois State Medical Society during a current year. Accordingly I am herewith respectfully submitting my report as follows.

General Considerations: The termination of the war and the return to peace has brought back into our professional ranks the vast numbers of men and women who patriotically left their homes, firesides and practice to do their share for their country. This relocation has been and is being accomplished amazingly smoothly, so much so, that in many of our counties one already is hardly aware that so appreciable a percentage of our profession was for so long a time separated by military service. Surely we would be lacking in gratitude if we, those of us who stayed at home because of our years or disabilities, did not again publicly pay tribute and express our gratitude to those gallant members of our own State Medical Society.

To those brave women, our nurses, throughout the United States, and more particularly our girls from Illinois, who left their all and bravely faced sacrifices, fear, suffering and misery on the high seas, in the sweltering jungle and in the stench of battle, we pay a fervent and humble tribute.

We, the officers of this State Medical Society were proud during the past year to act as sponsors for the National Memorial being built for these brave women. This memorial consists of a permanent National Nurses' home to be erected in Washington, D. C. The movement is under the patronage of the wife of the President of the United States, Mrs. Truman, Mrs. Kirk, the wife of General Kirk, and has the endorsement of practically all governors of states. To the entire membership of the Illinois State Medical Society, who, through their contributions supported this noble cause, my deep and sincere appreciation.

Federal Legislation Affecting the Medical Profession I would be derelict in my duty as chief executive officer of this grand State Medical Society, with almost ten thousand members, did I not express myself clearly, forcibly and fearlessly on this important subject. I, like you, after a strenuous and fatiguing day, have tossed in my sleep, fretting and concerned about the pernicious and objectionable features, and clauses in Senate Bill 1606, only to arise in the morning still agitated and worried. However, my concern about this particular bill is for the moment not so acute for several reasons. In the first place, due to concerted, honest and logical opposition from many sources, including spokesmen for our own profession, and I feel, one particular mention, the National Physicians' Committee, action on this measure is apparently not imminent. In the second place, whereas this Senate Bill 1606, had, as you all know, the endorsement of President Truman, the very marked change in our national political picture within the past six months, and the passing of the control of both the national senate and the house away from New Deal Democracy back into the conservative Republican fold, should be another source of comfort and relief to us all.

Dr. Arthur H. Compton, Nobel Laureate, in an address delivered in St. Louis in September last, left me with still another mental prop. In effect, he called attention to the well known and accepted fact that due to rapid transportation and other sundry factors, this topsy-turvy world of ours is no longer the huge sphere we used to picture it, but has become billions of individuals, separated not too widely geographically, and closely knit in every sense except politically, and he came to the following conclusions; that anything, food, health programs, means of transporation, electric light bulbs, no matter what, which had been tried and found ultimately superior, would in due time, by sheer force of requisition by the masses, be universally adopted. If that be true, then the reverse must also stand, to wit: anything that has been tried and found wanting, will be discarded by states and countries. And that, my friends,

applies directly to Federal Control of the practice of medicine. It has been tried, as you and I know, in England, Germany and other countries, and nowhere found to be even relatively as successful as our own American way of private practice.

At this point, you may counter and say, but our Federal Government at present is still attempting to foist such a central system upon our profession in spite of the sad experience of other countries. Granted it is impractical, what can and should we, the medical profession, do to offset it? The answer to that is as follows: We are constantly told that Senate Bill 1606,—Murray, Wagner, Dingell, is *not compulsory;* that so far as our medical profession is concerned, we may individually adopt it or reject it. Now then, if and since that is so, I maintain—we, speaking for the ten thousand doctors of Illinois, need the following assets, and if we have them, our troubles are not too great.

1. We need an informed leadership within our State Medical Society. Our officers and our Council must be thoroughly conversant with every national health bill which arises.

2. We must have a medium through which this information can be transmitted to our membership at the county level. We have that in our Public Relations Counsel.

3. Our membership then in turn must transmit this information direct to their patients pointing out why a particular health bill is harmful or dangerous to them particularly and to the medical profession only secondarily.

4. And finally, we then need complete unity within our own profession in Illinois so far as these individual bills are concerned so that through the Council and through the offices of our State Society we can say to our legislators, "Gentlemen, as you know, the medical profession is built upon and is devoted to service as our history for more than 2,000 years will attest. You tell us this particular bill is not compulsory, is entirely voluntary. Well Gentlemen, that being so, we say to you, we, the medical profession of Illinois, do not want and will not accept Bill No. etc., etc., because after careful analysis, we find it unsatisfactory."

Still speaking generally, the past year has been one of progress in all the many diversified fields of your State Medical Society. Numerically, it has never been stronger and ranks third of all the states in the United States with practically 10,000 members, exceded only by New York and Pennsylvania. I should at this point like to urge the younger men in our profession, particularly those who have returned from a glorious and honorable military career to assume an aggressive and active part in the various functions of our medical society at both the state and county level. Both the county societies and the state need their energy, their youth and their experiences in many and varied capacities as members of important committees and as lecturers for our scientific and postgraduate programs.

The Council: My sincere appreciation, thanks and commendation to this body of men who pass upon all important matters affecting our State Society—and who carry out the mandates of the House of Delegates. They have met this past year at regular intervals under the able leadership of their Chairman, Dr. Walter Stevenson. His complete cooperation and sound judgment have been of great help to me. Every regular meeting of the Council is preceeded by a meeting of the executive committee of the Council. It is the function of this group to prepare, digest, and render workable the agenda for the Council's consideration the following morning. To this Executive Committee too, I wish to express my appreciation.

The Secretary: The House of Delegates knows without my going into great detail how invaluable are the services of our Secretary, Dr. Harold M. Camp. He conducts the various and sundry routine of the society with experience and judgment. He attends the countless committee meetings of which he is an ex officio member, and seems to carry the formidable assignment of secretary easily and in stride. Because of his interest in and complete compatibility with the work, he unconsciously renders the assignment of others, including that of the President, much more simple. It is a pleasure to render him this tribute.

The Department of Public Health: Six years ago, immediately following the inauguration of his Excellency, The Honorable Dwight H. Green, as Governor of Illinois, at the request and selection of the Illinois State Medical Society he appointed Dr. Ronald R. Cross Director of Public Health. It has been my pleasure and privilege to serve as Chairman of the Board of Advisers in the Department of Public Health throughout these years up to the present time. I cannot adequately express my appreciation of Dr. Cross for his complete cooperation with the medical profession of Illinois in all matters dealing with public health. He has personally attended every meeting of our Council, and in many instances in response to invitation, appeared before the executive committee preceding the Council. Under his guidance, the Department of Public Health has earned and developed national recognition for its efficiency. One special activity of his department calls for special comment and commendation. Last year, Governor Green instructed the Director of Public Health to conduct a survey of the hospitals of Illinois to render the hospital system eligible to Federal grants for expansion, under the Hill-Burton Act. Dr. Cross appointed his Chief of the Division of Maternal and Child Hygiene, Dr. Henrietta Herbolsheimer, as Director of Study. This enormous task of surveying the twelve hundred hospitals in Illinois in great detail has been completed with a percentage of 99.3, truly a remarkable result. Credit for this accomplishment goes to Dr. Roland R. Cross, Dr. Henrietta Herbolsheimer (who did the actual work), Mr. B. K. Richardson, Chief Administrative Officer of the Department of Public Health, and the various committees who lent their time and judgment. I feel strongly too that the medical profession of Illinois is deeply indebted to Governor Dwight H. Green for his continued interest in and support of our profession in

all affairs affecting our profession and matters of public health.

The Journal: Under the guidance of the Editor, supported by the Journal Committee, and the Editorial Board, our Journal has earned for itself an enviable record throughout the country. It will not only stand comparison with those of other states, but leaves one with a sense of pride and satisfaction.

The Educational Committee: As members of the House of Delegates know, Jean McArthur, who so efficiently managed the work of this committee and its sub-committees, the Scientific Service and Postgraduate for nineteen years, resigned her position this past summer. Hers was a long and glorious career, crowded with expansion, development and success. I feel confident the House of Delegates, the Council and our entire membership, approve of this public and unanimous expression of our appreciation, and best wishes for her future happiness.

Jean McArthur's successor as Secretary of the Educational Committee, Miss Ann Fox, resigned her position with the American Medical Association to take over her new duties with us in December of the past year. She had completed twenty-one years with the American Medical Association, serving the last seven as News Editor. She was also editor and creator of the Association's house publication "535." She brought with her not only the 'blessing' of her chief, Dr. Morris Fishbein, but the strongest possible recommendations for her new duties, and the best wishes of our National Society for her continued success. I feel strongly that the Educational Committee and the Illinois State Medical Society are very fortunate in securing Miss Fox, and we pledge her our whole-hearted cooperation.

Special individual reports of the Educational Committee, the Scientific Service and Postgraduate, prepared by the chairmen of these respective committees will attest to the ease with which Miss Fox has fitted herself into her educational program.

The Committee on Medical Service and Public Relations: Under the chairmanship of James H. Hutton, this committee is rendering a serious and important function. It is, as the House of Delegates knows, in its pioneer stage. Authorization for the employment of a Public Relations Counsel was granted one year ago and led to the selection and employment of Mr. James C. Leary, an Associate of Lawrence C. Salter & Associates of Chicago. This committee in addition to publicizing medical matters of interest to the general public, performs and executes a vast and intangible agenda. It correlates its activities with those of the Educational Committee, and these two committees quite properly have the same able chairman.

Advisory Committee to the Illinois Public Aid Commission: Possibly less is known about the activities and excellent results of this very important and active committee than some others. Its work is tedious and time consuming, but it has through the years established and maintained important contacts. Its primary purpose is to work with the state committee of the Illinois Public Aid Commission in an advisory capacity. Through the establishment of medical advisory committees in most counties throughout the state, it functions on a county level and thereby safeguards the interests of the public and the profession. I add my approbation and appreciation to the chairman and the members of this committee and its county sub-committees.

The Committee on Prepayment Medical Insurance: This committee has functioned actively under the chairmanship of Dr. Percy Hopkins. The personnel of this committee is of unusually high caliber, and is diversified with a membership of down-state and Chicago members. A detailed report concerning the status and accomplishments of this committee is issued by its chairman.

And so in conclusion, may I say to the House of Delegates, that the affairs of the Illinois State Medical Society are in good order, no matter what index or criteria be employed as a measuring yardstick. And may I in one breath express to this House, my keen appreciation of the honor or having served for this past year, as your Chief Executive Officer and thank you individually and collectively for whole hearted cooperation which rendered my task both simple and pleasant.

Respectfully submitted,
ROBERT S. BERGHOFF, M. D.,
President.

REPORT OF THE PRESIDENT-ELECT

To the Members of The House of Delegates:

The past year has presented many problems and opportunities due to the period of reconstruction and rehabilitation following the close of the greatest war ever waged. There is an old axiom, "Armies win wars; politicians lose the Peace." Do we see the handwriting on the wall? Will history repeat itself? The very fact that we are living in the midst of problems has its inspiring aspect as well as it bewilderments. It means that we are living in the midst of an unfinished world and we may help complete it. The races of men have not learned to live together in Peace. That simple fact subjects every generation to a terrible hazard and the only way we can be guaranteed safety is for us to build a world that is proof against war. We must get rid of the injustices upon which war feeds. We must eliminate race prejudices which create conflict.

During the past year we in America have been witnessing a change in our Democratic form of government. We have seen the establishment of bureaucracy after bureaucracy until at the present time the Federal office holders in some states exceed by many times the State officials. This tendency to paternalism tempted a wag to paraphrase the old saying, "We can't live half free and half slave," into "We can't live half Democratic and half Communistic."

There is still a determined effort on the part of some politicians to thrust socialization on the medical profession. We trust that the respite or temporary armistice, the medical profession has received following the adjournment of the Seventy-Ninth Congress and

the change in personnel in the Eightieth Congress will be used to counteract trends toward socialization of medicine. A broader understanding of the conditions which brought about these changes, a definite program to guarantee adequate medical care to everyone, is of major importance.

Already upon this year's horizon are vital issues concerning the medical societies of the communities. Foremost among these is the Medical Health Bill. A Health Bill to be far-reaching and adequate should have its conception in the minds and hearts of those best qualified to know the need and trained to develop it. The family physician, the general practitioner, has long been intimately identified with the family; aiding the family in maintaining its health and well-being. As physicians we see the problems in the light of facts learned through our daily work in the home, the office and the hospitals. We agree upon the desirability of a healthy nation; of making available to all adequate medical care but we are dealing with human life, with the heritage of a democratic people, the guarantees of the Constitution of the United States, and the Bill of Rights. Accordingly we must guard against force and regimentation. Your influence will, in a degree, be measured by your understanding of the basic needs of this proposed health measure. As enlightened men of science we must be aware of the crisis now facing the nation, yes, even the entire medical world. We must be prepared to guard well our medical tradition lest the ghosts of today's errors rise to confront us on tomorrow's journey. We have a duty to fulfill in our communities, to our Society and to ourselves.

We must also guard against certain trends within the profession itself which if not curbed will bring about a dissolution of the bonds of unity which have been a bulwark of strength in organized medicine; namely, the general practitioner versus the specialist. We have already sensed that with the coming of certifying boards the present lock-out of the general practitioner in the hospitals is inevitable. More than 85% of the members of the Illinois State Medical Society are general practitioners and any attempt of the certifying boards to discredit their work are furnishing ammunition for the political crack-pots, the yearners for political power, the enemies of freedom and the importers of alien philosophies of government. These are warning signs and if we allow these changes to get out of control they may become a grave danger to our way of life. Life necessarily means change but not not all changes mean life. It is just such measures as these that led to supreme government control in totalitarian countries and brought these nations to ruin. The taxation realized from worker and employee places the government in a position to do for the people the things it might be morally healthier for the people to do themselves. The pay envelope of the worker suffers as the government bureaus move in and take over. Every new thought and idea is exploited for all it is worth, mostly for its monetary value. Often the ideal in its fulfillment ruthlessly destroys individual liberties, social and religious tradition, sweeps away the past and seeks to create a new order. A new order that brings with it efficiency, a tinsel promise of a general utopia for us all.

We can not rest upon our humanitarian and scientific achivements and allow them to drift but our progress must be constructive rather than revolutionary. We must learn to walk slowly and circumspectly with profound study and open minds, measuring each step in relation to the distance we must go and the good we can accomplish. Let us learn to do each present problem in relation to its effect not alone upon the day but for its worth, its merit, likewise its damaging effect upon tomorrow.

To lift the burden of medical care, nationwide monetary prepayment medical plans sponsored by the medical societies have been approved by the delegates of the American Medical Association at their annual meeting and by the Illinois State Medical Society.

The year just passed has brought into the open the critical need for rural health service. It was brought out at the second annual conference on rural health that there is a shocking inadequacy in the health of rural people and a critical need of medical and hospital service. Stressing the need for rural health facilities, the Master of the National Grange, Albert F. Goss, states there is only one doctor for 1,700 persons in rural areas. Fifteen million persons have no hospitalization and the mortality rate is 25 to 30% higher in the rural areas.

Health centers are favored. Many groups are backing rural health centers, prepaid medical plan, more aggressive county medical societies. The Missouri Farm Bureau during the past year aided in voting three million dollars for rural hospitals. The speakers at this conference agreed generally that the health needs of the farm and rural people can best be served through some type of county or community health center or unit. The Federal Hill-Burton Bill provides federal assistance for such health centers and hospitals that might be built around a community unit. The committee on rural health of the Council of the Illinois State Medical Society has been very active during the past year and their suggestions for the solution of the rural health problem merit careful attention.

Your President-Elect has been very active during the past year having attended all of the meetings of the Council and the executive committee sessions. Our progress in the future rests largely upon the constant loyal interest of each individual member and not alone upon the activity of your officers and councilors. No matter how noble their intentions or how earnest their efforts, your *"administrative body"* is but a servant body working at your command. Attend the meetings of your *society,* take an active part in its affairs. It will be only as good as you make it.

Respectfully submitted,

I. H. NEECE, M. D.,
President-Elect.

REPORT OF THE SECRETARY-TREASURER

To the Members of The House of Delegates:

In presenting this annual report to the House of Delegates, we shall endeavor to give some of the highlights of the activities of the Illinois State Medical Society during the past fiscal year. Most of our members who were in service during the recent war have been separated and have returned to their civilian status as practitioners of medicine, although in many instances the problems encountered have been difficult to overcome. The younger men who had only completed their internships before entering service have been seeking suitable locations, and many of them have had much trouble in finding suitable offices, residences and equipment.

When the Procurement and Assignment Service for Physicians ended its activities some time ago, the State Medical Societies were urged to take over the responsibility for some of the functions formerly assumed by that agency, especially those referable to the assistance desired by our returning veterans. In cooperation with the American Medical Association Bureau of Information, we have endeavored to keep an up-to-date list of communities desiring physicians and factual data concerning each of these communities and other information which would be of interest to the inquiring physicians to better enable them to find the location of choice.

Aid has been given to many physicians desiring this service, and one assistant in the Secretary's office has spent most of her time in this important work. We do have many small towns in Illinois needing physicians, but many of those desiring locations are unwilling to go into smaller communities, especially those which do not have nearby hospital facilities available. Many of our inquiring physicians desire to specialize and are unwilling to assume the many responsibilites which go with the general practice of medicine. All this makes it more difficult to fill the needs of many of the small towns needing general practitioners.

Factual data concerning communities in need of physicians are maintained in our office, giving the population, information concerning the business houses, industries, churches, as well as information on the surrounding territory which a physician in the location would serve. This is all mimeographed and when physicians desire information, this is promptly submitted upon request. Our reports show that nearly every city in Illinois with a population of 5,000 or more now has more physicians than they had at the outbreak of war in December, 1941.

THE NATIONAL SCENE

During the present session of the Federal Congress, at the time this report is being written, there has not been a new Wagner-Murray-Dingell Bill presented, although it has repeatedly been intimated that there will be such a bill introduced during the session. Other bills, however, have been introduced which are of much interest to the medical profession, these having been referred to committees, and hearings are under way on several of them. Representatives of the A. M. A. and many other organizations have appeared before committees to present their testimony.

Senate Bill 140, which would assemble the functions of health, education and security into one department of cabinet rank, has been widely publicized. Representatives of the A. M. A., the American Dental Association, and other closely allied organizations have opposed the bill as it is now written. For many years the medical profession has asked for an executive department of health with a Doctor of Medicine with cabinet rank at its head. A bill has been introduced which would develop such a department that would coordinate all affairs of the national government pertaining to health and which are now scattered throughout dozens of agencies and branches of government, into a single department, with the exception of those functions pertaining to medical and health services within our military organizations.

We have received regularly the bulletins from the A. M. A. Washington office, prepared under the capable supervision of the head of this office, Dr. Joseph Lawrence, and these have been mimeographed and sent to physicians designated by component county societies, and others on the mailing list who have expressed a desire to receive this material. This procedure will be continued as an essential project. The fact that there has not been a Wagner-Murray-Dingell bill introduced up to the present time does not mean that we in the medical profession have nothing to worry about, for we should realize more than ever that there are still many members of the Congress who favor federal control of medical care and it is our duty to do everything possible to eliminate the complaint that too many American people are denied adequate medical care when the unexpected or catastrophic illness or accident becomes an actuality.

When the majority of people in lower income groups are protected against these hazards through hospitalization and voluntary prepayment medical care insurance, then we will be in a much better position to show that government aid is not necessary.

THE SOCIETY

Once more we point with pride to a substantial increase in our membership the past fiscal year. Many of the younger men who were in service and who were not formerly in practice are desirious of joining a component society and the Illinois State Medical Society as soon as they open their offices.

The various committees functioning during the past year have had many problems confronting them, and a number of important matters have been referred to these committees by the Council. In the past we have had several committees each year which did not have a regular meeting, and the Council recommended that each committee have at least one meeting during the year. Following these meetings the chairman in a number of instances has come before the Council to submit a report. Some interesting reports have been presented before the Council as a result of this recommendation,

and the interest on the part of the committee personnel has been greatly increased through this procedure.

The Committee on Voluntary Prepayment Medical Care Plans has held a number of meetings, and in accordance with instructions received from the House of Delegates, has approved policies submitted from three insurance companies meeting the requirements, and these policies are now being written in various parts of the state. The report of the Chairman of this committee appears in this handbook, and we would respectfully urge that every member read the report carefully so that appropriate action on the report may be taken at the second meeting of this House of Delegates.

Another committee which has worked faithfully for the best interests of the medical profession is the Medical Advisory Committee to the Illinois Public Aid Commission in giving careful consideration to the many problems in connection with the providing of medical and surgical care to old age recipients, dependent children and to the blind. During the past year the committee has been able to get a slight increase in fees for certain types of services rendered to those in these categories, principally for certain types of surgery. The I. P. A. C. has been highly cooperative, and has placed additional responsibilities upon this committee.

A number of component societies have submitted copies of resolutions approved by their respective societies, in which they ask for direct payment to physicians for these services instead of the present method of paying the recipient, who in turn pays the physician. Under present law, this cannot be done, and this fact will no doubt be brought out in the report of the Chairman of our Committee which appears in this handbook. It is unfortunate that physicians in Cook County under this plan are not given the same consideration that is given to physicians in the downstate areas, especially concerning clients of the I. P. A. C. who are in hospitals occupying ward beds. Efforts are being made to change this ruling, which is no fault of the I. P. A. C., and recently a committee from the Chicago Medical Society was appointed to meet with the State Society Advisory Committee and officials of the Illinois Public Aid Commission in the effort to get the complete program operating throughout all parts of Illinois. It is believed that this can be accomplished during the coming year.

A number of other committees have been unusually active during the past year, and their reports will be found in this handbook. We desire to call to your attention the report of the Committee on Rural Health, which has been unusually active during the past year, and which deals with a problem which is of paramount importance to those in the rural districts, not only in Illinois but throughout the country. The chairman of our committee has devoted a great amount of time and energy in considering the problems, and has met with representatives of various farm groups and others in the effort to get accurate first hand information. His report will be of much interest to all of you.

THE COUNCIL

The annual report of the Chairman of the Council gives a true picture of the increased responsibilities of the Council during the past year. At each of the regular meetings the agenda has been long, and more time has been consumed in giving proper consideration to the many problems which have arisen since the last meeting. Several special meetings of the Council have been held during the past year.

Each year more problems have been presented to the Council by many organizations and agencies which realize that problems pertaining to health and medical care can best be worked out with medical men and medical society guidance. The fact that the many groups realize this and bring their problems directly to the Society is most encouraging, yet it requires much time and effort on the part of the Council to give each of these problems proper consideration. Council members are all busy men, and to attend a single session requires on the part of several members two nights on a train and one full day away from their work.

The Executive Committee meets the evening before the regular meetings of the Council, and considers in detail many of the subjects scheduled on the Council agenda. The committee interviews individuals or committees desirous of presenting complete information concerning their problems, which requires much time. Then if it is deemed advisable, these groups may be asked to appear before the Council as a whole, or their problems are presented by the chairman who tells of the presentations before the Executive Committee, and gives this committee's recommendation to the Council.

Through this procedure much time is saved and there is less interference with the routine work of the Council. With increasing demands upon the Council, the meetings during the past year have been held approximately at six weeks' intervals. In accordance with the recommendations of the House of Delegates at the 1946 annual meeting, the minutes of the regular Council meetings in abstract, have been published in the Illinois Medical Journal. It is not possible to publish the minutes in their entirety as mailed to members following the meeting, as this would require more space in the Journal than is actually available, for after all the chief aim of a State Medical Society Journal is to present as many scientific articles each month as possible in addition to the several established departments as approved by the Journal Committee and Editorial Board.

THE SECRETARY'S OFFICE

The work in the secretary's office has increased during the past year through the many releases which have been sent to the entire membership. With the development of the Illinois Plan for medical care to veterans with service-connected disabilities, the plan with fee schedules was published, and mailed to the membership. Later it was necessary to revise the schedules and send the corrected schedule to all partici-

pating physicians. Letters were sent to all members on several occasions during the past year, which means the preparation and mailing of more than 9,500 letters each time.

During the past fiscal year ten postgraduate conferences were scheduled, and held in as many downstate cities. The programs are printed and sent to all physicians within the Councilor district for each of these conferences, and in addition copies sent to physicians in adjoining districts who desired them. Two representatives from the Secretary's office attend each of the conferences, at which time they take care of the registration, sell dinner tickets, and pay the deficits, if any, which result from the conference.

The work in connection with the annual meeting this year has been greater than in previous years, with a different arrangement for the scientific programs, an increase in the number of technical exhibit booths, and the large number of scientific exhibits arranged for this meeting. In connection with the annual meeting, all printing copy must go to the printer from our office, the material for the official programs, the handbook, special printing for the Woman's Auxiliary, dinner tickets, etc., and these are proofed in the secretary's office before they actually go to press. Likewise, the program as published in the Illinois Medical Journal is submitted by the secretary's office and the proofs received there. This is only possible through having capable assistants in the office who are trained for these specific functions and who have been doing this type of work over a period of years.

The recent drive for a permanent medical benevolence fund, recommended by the Committee on Medical Benevolence and approved by the Council, has been conducted through our office, with a letter and subscription card going to each member. The donations are carefully recorded and acknowledged, all of which requires much time.

It has been necessary for the secretary to spend approximately 100 days at the Chicago office during the past fiscal year, where we have many duties pertaining to the work of the Society as a whole and in connection with the Illinois Medical Journal. During the year many physicians are seen in this office, many of the younger men desiring information concerning suitable locations and we have had many committee conferences in the Chicago office attended by your secretary.

With the resignation of Jean McArthur after 19 years as secretary of the Educational Committee, it became necessary for that Committee to find a suitable successor, and frequent meetings were held and a number of prospective candidates interviewed. A subcommittee composed of the chairman, president of this Society and the secretary was given the authority of making the final selection, and several meetings were held before a successor to Miss McArthur was finally selected. With the employment of Miss Ann Fox, who had held an important position with the American Medical Association for more than 20 years, our subcommittee was instructed to render all possible aid to Miss Fox to better acquaint her with the duties and responsibilities of that office. Miss Fox, with her years of training with the A. M. A., has adapted herself most admirably in the new position, and she will no doubt carry on the duties and responsibilities which are hers.

Jean McArthur came into this office 19 years ago, and aided materially in the increase in the duties and responsibilities of the Educational Committee, Scientific Service Committee, and later of the Committee on Postgraduate Medical Education. Much credit is due to her for the accomplishments of the committee during the past two decades to make it an outstanding project of this Society.

THE ANNUAL MEETING

There has been a definite change in the arrangement of the scientific sessions for this annual meeting, this in accordance with the recommendations of the House of Delegates at the last annual meeting, and with the approval of the Council. The Committee on Scientific Work, composed of the officers of the several scientific sections, and with the president and secretary as ex officio members, held two meetings to give careful consideration to the development of an unusually attractive program for this meeting. At the first of these conferences it was decided to have general assembly programs scheduled for all day Monday and Wednesday, the sections to meet on Tuesday, some in the forenoon and others in the afternoon.

This procedure has been followed and the Committee, as well as the Council, is most anxious to get the reactions from the membership as a whole to this arrangement. Under the supervision of John A. Mart, as Director of Scientific Exhibits, the finest array of these exhibits ever displayed at an annual meeting has been prepared for this session. Likewise we have the largest number of technical exhibits, all of which have been carefully selected. These exhibits are a graphic illustration of what the many concerns supplying drugs, accessories and equipment for the medical profession have done during the past year. In arranging program schedules, recess periods have been arranged to permit time out from scientific sessions to view these outstanding exhibits.

In view of the heavy schedule for the second day of the annual meeting, many of the various luncheons have been scheduled for Monday and Wednesday, to permit the hotel to properly care for each of these functions.

As you know, the meeting this year has been scheduled for Monday, Tuesday and Wednesday, instead of beginning as formerly on Tuesday afternoon. The primary reason for the change was to better enable the hotel to have available a sufficient number of rooms for all who desire them, and also with a meeting ending Wednesday afternoon, the entire week is not utilized, as was previously the case. This House of Delegates should express an opinion as to the advisability of using this schedule for succeeding meetings.

Several have recently suggested the advisability of this Society giving serious consideration to a fall meeting, instead of having it in May. There are a considerable number of organizations having meetings such as

ours immediately preceeding the annual meeting of the American Medical Association, and it may be of interest to give consideration to a meeting in the early fall, perhaps late in September. This would necessitate a change in the by-laws, and if recommended by this House of Delegates, it would no doubt be advisable to make it subject to Council approval after thorough investigations have been made. Quite a number of the State Medical Societies do have a fall meeting and there seems to be quite a number of logical reasons why the matter should be given due consideration.

DEATH OF PROMINENT MEMBERS

Thomas B. Knox, Quincy, graduated from College of Physicians and Surgeons, Chicago, 1902, practiced at Quincy until the time of his death. He was elected as a member of the Council of the Illinois State Medical Society in 1934, serving in that capacity until May, 1942. Died at St. Mary's Hospital, Quincy, May 27, 1946, aged 73.

Edward W. Mueller, Chicago, graduated from Rush Medical College, 1902, elected as a member of the Council in 1943, serving until May, 1946. Suffered a fatal heart attack December 8 while on golf course, aged 66.

Lucius H. Cole, River Forest, graduated from Jenner Medical College 1917, practiced in Oak Park and River Forest for 30 years, had recently been elected as Chairman of the Illinois State Medical Society Committee on Medical Benevolence, died August 30, 1946, in West Surburban Hospital, aged 56.

Peter J. McDermott, Kewanee, graduated from University of Iowa Medical School in 1904, was Secretary of the Henry County Medical Society for many years, and a member of the House of Delegates from Henry County for the past 20 years. Died in Kewanee on July 7, 1946, aged 74.

James T. Blakely, Fairfield, graduated from Barnes Medical College, St. Louis, 1906, Secretary Wayne County Medical Society for many years, and a member of the State Society House of Delegates for more than 20 years. Died at his home in Fairfield, June 9, 1946, aged 72.

Victor D. Lespinasse, Chicago, graduated from Northwestern University Medical School in 1901, Associate Professor of Genito-Urinary Surgery at Northwestern, for many years prominent in this and many other societies, died in Wesley Memorial Hospital, Chicago, December 14, 1946, aged 68.

Marshall Davison, Chicago, graduated from University of Illinois College of Medicine, 1920, head of University Hospital, Chief of Surgical Department at Cook County Hospital, Associate Professor of Surgery at Northwestern, died at his home in Chicago, December 16, 1946, aged 50.

Charles C. O'Byrne, Chicago, graduated from College of Physicians and Surgeons, Chicago, 1894, formerly Associate Professor of Pathology at University of Illinois College of Medicine, died at his home July 10, 1946, aged 77.

Charles William Gieger, Kankakee, graduated from Chicago Homeopathic Medical College, Chicago, 1896; specialized in eye, ear, nose and throat, practicing in that specialty in Kankakee, for more than 40 years, died on July 19, 1946, aged 75.

Richard J. Tivnen, Chicago, graduated from Rush Medical College, 1895, Clinical Professor of Ophthalmology at Loyola University School of Medicine, author of several books on Ophthalmology, died August 27, 1946, aged 72.

George G. Taylor, Springfield, graduated from St. Louis College of Physicians and Surgeons, 1897; during the first World War was Chief of Social Hygiene Division, Illinois Department of Public Health, in 1942 rejoined the State Department, becoming Chief of the Division of Venereal Disease Control, died in the La-Salle Hotel fire in Chicago, June 5, 1946, aged 70.

William A. Balcke, Pekin, graduated from the St. Louis College of Physicians and Surgeons, 1889, practiced in Pekin nearly 50 years, died quietly at home while listening to the radio, August 14, 1946, aged 71.

Cassius Douglas Wescott, Chicago, graduate from Rush Medical College, 1883. Formerly Assistant Professor of Ophthalmology at Rush, and former president of American Ophthalmological Society, suffered a fractured hip April 22, 1946, and died May 6, aged 84.

Frank A. Wiley, Earlville, graduated from Rush Medical College, 1888; member of the Fifty Year Club and Emeritus Member of this Society, died January 8, 1947, aged 80.

Walter C. Lovejoy, Maywood, graduated from Chicago Homeopathic Medical College, Chicago in 1891, former president of the Aux Plaines Branch of the Chicago Medical Society, died in Westlake Hospital, January 15, 1947, aged 79.

Robert Von Der Heydt, Chicago, graduated from College of Physicians and Surgeons, Chicago, 1903; Associate Professor of Ophthalmology (Rush) University of Illinois College of Medicine, Past President of the Chicago Ophthalmological Society, died at West Suburban Hospital, September 18, 1946, aged 71.

John Favill, Chicago, graduated from Harvard Medical School, Boston, 1913, Professor of Neurology at the University of Illinois College of Medicine, certified by the American Board of Psychiatry and Neurology, prominent as a member and officer of many neurological and psychiatric societies, died at his home in Winnetka, December 21, 1946, aged 60.

Walter C. Wilhelmj, East St. Louis, graduated from St. Louis University School of Medicine, 1904; prominent in the affairs of his county and this state medical society for many years, as a member of the House of Delegates from St. Clair County, and for years, a member of the Medico-Legal Committee; died while on vacation during March, 1947, at Hot Springs, Ark.

Time does not permit the naming of many members of this society who have died during the past fiscal year. A recent analysis of deaths of physicians in Illinois, as published in the March 1947, Illinois Medical Journal, shows that during 1946 obituaries of 253 Illi-

nois physicians were published in the Journal of the A. M. A. Heart disease led the causes of death in this state, as it is the case elsewhere throughout the nations. The average age at death of these Illinois physicians was 66.4, 12 died while in the service of their country. In civilian life, 12 died from accidental causes, four of these being from automobile accidents.

Most of these men, true to the traditions of medicine, died at their post after giving faithful service to their patients over a period of years. They and their work will long be remembered by those whom they served.

In closing this annual report your secretary once more desires to express publicly his appreciation of the splendid cooperation given to him and his clerical assistants by the officers of component county medical societies, and for the encouragement and assistance given by other officers, members of the Council, as well as many individual members. It is only through this type of cooperation that we can continue to enlarge our sphere of activity as an outstanding State Medical Society and cope with the many problems that are increasingly being brought before us.

MEMBERSHIP DATA

Members in good standing as of April 30, 1946	9,217
Added during the year:	
New members	729
Reinstatements	37
Total added	766
Total	9,983
Total Brought Forward	9,983
Dropped during the year:	
Died	132
Moved away	143
Resigned	9
Duplicates in file	24
Dropped for non-payment of dues	24
Expelled	0
Total dropped	332
Net Total, April 30, 1947	9,651

FINANCIAL REPORT OF THE SECRETARY-TREASURER

Receipts from County Societies

Adams	$ 548.00	Christian	276.00
Alexander	0.00	Clark	96.00
Bond	70.00	Clay	98.00
Boone	110.00	Clinton	140.00
Bureau	452.00	Coles-Cumberland	632.00
Carroll	192.00	Crawford	125.00
Cass	198.00	DeKalb	622.00
Champaign	1,060.00	DeWitt	122.00
Chicago Medical Society	54,819.00	Douglas	0.00
DuPage	890.00	Mason	50.00
Edgar	182.00	Massac	70.00
Edwards	40.00	Menard	84.00
Effingham	142.00	Mercer	50.00
Fayette	96.00	Monroe	98.00
Ford	130.00	Montgomery	24.00
Franklin	516.00	Morgan	380.00
Fulton	498.00	Moultrie	104.00
Gallatin	0.00	Ogle	16.00
Greene	130.00	Peoria	2,034.00
Hancock	8.00	Perry	8.00
Hardin	0.00	Piatt	128.00
Henderson	46.00	Pike	160.00
Henry	362.00	Pope	0.00
Iroquois	192.00	Pulaski	32.00
Jackson	232.00	Randolph	202.00
Jasper	40.00	Richland	32.00
Jefferson-Hamilton	264.00	Rock Island	1,140.00
Jersey	90.00	St. Clair	1,210.00
Jo Daviess	134.00	Saline	320.00
Johnson	54.00	Sangamon	1,478.00
Kane	982.50	Schuyler	0.00
Kankakee	776.00	Shelby	226.00
Knox	452.00	Stephenson	16.00
Lake	1,154.00	Tazewell	233.33
LaSalle	898.00	Union	116.00
Lawrence	8.00	Vermilion	838.00
Lee	334.00	Wabash	198.00
Livingston	400.00	Warren	240.00
Logan	284.00	Washington	100.00
McDonough	152.00	Wayne	98.00
McHenry	256.00	White	126.00
McLean	980.00	Whiteside	384.00
Macon	906.00	Will-Grundy	1,298.00
Macoupin	450.00	Williamson	292.00
Madison	858.00	Winnebago	1,390.00
Marion	434.00	Woodford	36.00
Total			$86,181.83

Receipts and Payments

May 1, 1946 to April 30, 1947

Receipts

Component Societies	$ 86,181.83
Subscription—Journal	251.72
Advertising—Journal	64,841.46
Exhibits—State Meeting (1946 Meeting)	1,910.00
Exhibits—State Meeting (1947 Meeting)	8,615.00
Interest—Bonds	2,015.63
Dividends (C. & N. W. Ry. Co.)	31.00
Bonds Called (U. S. Government Bonds)	25,000.00
Sale-Medical History	5.00
Miscellaneous and Refunds	729.03
Total Receipts	$189,580.67
Cash Balance, May 1, 1946	92,837.50
Total	$282,418.17

Payments	
Secretary's Office Expense	$ 21,481.14
Council Expense	7,911.14
Educational and Scientific Service Committee Expense	13,681.14
A. M. A. Meeting Expense	3,832.06
State Meeting Expense	10,041.90
Maternal Welfare Committee Expense	5.05
Postgraduate Committee Expense	1,651.25
Legal and General Counsel Expense	2,000.00
Medical Service and Public Relations Committee Expense	20,511.76
Advisory Committee to Illinois Public Aid Commission	78.02
Procurement and Assignment Committee Expense	8.25
Journal Expense	46,143.95
Committee to Investigate Prepayment Plans for Medical and Surgical Care	3,154.20
Committee on Archives Expense	267.25
Committee on Professional Demeanor Expense	79.73
Fifty Year Club	404.53
State Unemployment Insurance	70.68
Committee on Medical Benevolence	510.26
Committee on Industrial Health	197.84
House of Delegates Expense	442.20
Veterans Program Expense	2,172.73
Mental Hygiene Committee Expense	20.00
Constitution and By-Laws Committee Expense	27.70
Tuberculosis Committee Expense	177.30
Committee on Cancer Control Expense	163.94
Committee on Rural Medical Service Expense	179.79
Investment—Government Bonds	25,000.00
Conference of Presidents Expense	61.50
Total Payments	$160,275.31
Cash Balance, April 30, 1947	$122,142.86
Total	$282,418.17

Respectfully submitted,

HAROLD M. CAMP, M.D.

Secretary-Treasurer.

FRED N. SETTERDAHL

Certified Public Accountant

Rock Island, Illinois

May 2, 1947

CERTIFICATE OF AUDIT

To the Members of The House of Delegates:
Illinois State Medical Society:

I have audited the following accounts of your Society for the fiscal years ended April 30, 1947:

Secretary's Office—Dr. H. M. Camp,
Journal Office—Mr. L. E. Malley,
Educational Committee—Miss Ann Fox, Secretary.
Benevolence Fund—Dr. H. M. Camp.

SECRETARY'S ACCOUNTS:

Receipts: Dues received from the Component Societies have been verified with duplicate receipts, the master ledger cards of each Component Society and compared with the Secretary's Report as published.

The Journal Receipts have been varified with reports from the Manager, etc.

Other receipts consist of Exhibit rentals, Journal subscriptions, Interest, etc. All receipts are recorded on the Secretary's records and deposited regularly in the depository bank.

Payments: Payments are made by check and are supported by approved vouchers, orders, invoices, etc.

All funds are deposited in the name of the Society and the cash balances as of April 30, 1947 were reconciled.

Statements were received from the depository banks which were in accord with the Secretary's records.

U. S. Government Bonds, amounting to $90,000.00 par value, were examined. They are issued in the name of the Society. During the year bonds were called amounting to $25,000.00 and bonds were purchased amounting to $25,000.00.

In addition to the U. S. Government Bonds, the Society holds 31 and 70-100 shares of voting trust certificates for common stock, no par value, of the Chicago & Northwestern Railway Company, which were issued in lieu of bonds formerly held.

The accounts of the various departments have been well kept and in my opinion represent the true transactions for the year.

The Council will be furnished with a detailed audit report.

Respectfully submitted,

FRED N. SETTERDAHL,

Certified Public Accountant.

THE SECRETARY: I only wish to state that since the handbook was printed our membership has increased to something over 9,700 members.

REPORT OF THE CHAIRMAN OF THE COUNCIL

To the Members of The House of Delegates:

Your Council has held six regular meetings since the last regular meeting of the House of Delegates and there have been two special meetings; also four meetings held during the Convention in May. These meetings, as you no doubt all know, are held on Sunday at the Palmer House in Chicago and are followed by a luncheon. An Executive Committee meets the night before the regular Council session and considers matters to come before the Council on Sunday morning. I am sure that these Saturday night Executive meetings serve to bring to the Council recommendations in concise form regarding items arranged for the Sunday agenda, thereby materially expediting the business of the Council.

Attendance of councilors at the meetings has been remarkable. Seldom is there an absentee, and then

only because of illness or other valid reason. I am deeply grateful to the individual councilors for their attendance, their earnest interest in the Society business and also for their tolerance of the Chairman as moderator.

The annual meeting should be a grand convention. The able Chairman of the Committee on Arrangements, Dr. H. Kenneth Scatliff, has done a bang-up job in preparation for this meeting at the local level and has demonstrated his keen ability as an organizer and his ability to miss no detail, no matter how small, to make the convention a success.

The Chairman of the Executive Committee on Scientific Work, Dr. Theodore R. Van Dellen, has reported to the Council from time to time and has had the full support of that body. The scientific program should be outstanding.

The Society is flourishing in these post-war days and we note with pride and admiration the ability of our soldier doctors to quickly readjust themselves to civilian life. The finances of the Society are satisfactory as will be noted by the audit published elsewhere in this handbook. Despite reduced income because of remitted dues of more than 3,000 members in service, and despite actual increased expenses of running the Society's business and with the current rise in prices of everything the finances of the Society are in excellent shape.

An innovation this year has been the release of Council minutes in abstract form for publication in the Journal. Many favorable comments have come from members who have appreciated this information, which is of course properly theirs. This will no doubt be continued in the future.

Your Council is enlarged now by action of the last House of Delegates which made provision for three new councilors from Cook County. This was highly desirable and has been the means of better representation for the membership in the Chicago area. The meeting days for the annual meeting have been changed so as to start on Monday instead of Tuesday, because it was felt that better hotel arrangements could be made by this change, and also that the work of the members would not be so seriously disturbed as had been stated heretofore, by breaking into their week on Tuesday. This meeting will decide the wisdom of that change.

All committees have rendered faithful and efficient service to your Society. This year the Council has had at least one, and in some instances, many more than one personal report from every committee chairman. Heretofore, committees have functioned very well but we believe that by insisting upon at least one full report of the committee's activities, it has increased the interest and activities of committees.

The Committee on Medical Service and Public Relations has rendered especially efficient and valuable service. Too much praise cannot be given to Dr. James H. Hutton and his committee for this work. A firm of public relations experts and counselors, namely, Lawrence C. Salter and Associates, has been employed and, in the opinion of your Council, is doing a fine piece of work keeping the Society affairs in the proper light before the public. The details of this work are being done by James C. Leary who understands so well how easily medical problems can be misunderstood by the public. Contacts with various industries and labor groups, women's clubs, parent teacher associations, newspapers, periodicals, etc., have not been neglected and have added to better public relations for the Society.

This Committee has also been empowered by the Council to prepare an exhibit of the Illinois State Medical Society. It is proposed to have this exhibit prepared for our State Society convention and if feasible to move it to the American Medical Association convention and then to have it available for various areas in the state which might like to have it.

The Journal Committee has been able to report a prosperous and successful year. Despite increased cost of printing, material, and scarcity of paper, the Journal has given a good account of itself and the Committee. under the leadership of Dr. Percy Hopkins as Chairman, is entitled to our gratitude. Mr. L. E. Malley, the business manager of the Journal, has left nothing to be desired in his management of the affairs of the Journal.

The Editorial Board for the Journal has met regularly and the quality of the published material in the Journal speaks for its success. This year a prize of $100.00 has been offered for the outstanding article on original work and also an additional prize of $200.00 for the best written article from a literary and scientific standpoint.

The Educational Committee was seriously handicapped for a portion of this fiscal year by the unexpected resignation of Miss Jean McArthur who had acted as its secretary with remarkable and efficient achievement for the past 19 years. The Society regretted that Miss McArthur felt it necessary to terminate her connection with the Society. The Committee interviewed some 30 or more applicants for this position and finally was fortunate to secure the services of Miss Ann Fox who, for many years, was associated in a more or less similiar capacity with the American Medical Association. The new secretary has already given a good account of herself and it is obvious that the work will be carried on in an admirable manner. Miss Fox also works in close cooperation with practically every committee but especially with the Public Relations Committee and the Scientific Service Committee. She has helped to arrange, during the past year, ten postgraduate meetings throughout the various areas of the State and as you of course all know, these have met with enthusiastic response and attendance and especially have these meetings been appreciated by the returned veteran physicians.

Interesting and instructive reports have been received by the Council from the Chairmen of the Committee on Cancer Control, on Tuberculosis, Medical Education and Hospitals, on Child Health and on Maternal and Child Welfare. These activities em-

phasize the importance that the House of Delegates and/or the Council select committees carefully in order that members shall be interested in the particular subject at hand for the committee to which they have been appointed. I am grateful to all of these committees for work well done.

The Committee on Medical Benevolence, developed as a pet project of the late John S. Nagel, is doing an outstanding piece of work at the present time. However, bigger and better things are in mind. Under the guidance of the President, Dr. Berghoff, and the Chairman of the Committee, Dr. Oscar Hawkinson, efforts are meeting with gratifying success to secure a large and sufficient foundation fund that will provide an income to meet the demands for relief and succor to our deserving physicians and their dependents. Heretofore, the moneys for this purpose have been allocated from the Society's treasury and some money raised and contributed by the Woman's Auxiliary. Proper as this has been, it is only just that the general membership should insure by donations that this fund be adequate. A personal contribution to this fund will make each member of our Society conscious of his responsibility to unfortunate members. I am sure of the success of this undertaking and I hope that all members who are solicited will contribute generously to this fund.

The Fifty Year Club Committee has functioned throughout the year. Doctors who have practiced for fifty years appreciate the recognition given to them by the State Society for the services they have given the public. The custom of an annual luncheon meeting at the annual convention has served to create a splendid fraternal spirit in this club and is to be continued.

The Advisory Committee to the Veterans Administration, in charge of the contract with the Veterans Bureau, has been functioning throughout the year and has held many meetings. There have of course been some controversial problems but seemingly these have been ironed out and the program is progressing satisfactorily. Many times complaints received have been entirely the fault of the physician who did not comply with the regulations which were sent to all members from the office of the secretary. This program, as you know, is the outgrowth of the desire of General Omar Bradley and General Paul Hawley to permit the disabled veteran to have the physician of his choice in his own community. There are certain factors of rule which the Veterans Administration must abide by, which prohibit the treatment of these cases if facilities are available in Government institutions. That is the law and cannot be changed except by Congress. However, General Hawley, through his regional directors, has given much leeway to the directors to see that these men receive treatment at home. Dr. B. A. Cockrell, the regional director of this area, has been most cooperative and has the interest of the veteran and the physician at heart and has done much to make this program function smoothly.

During the past year the Interprofessional Council composed of members of the Illinois State Medical Society, Illinois State Dental Society, Illinois State Pharmaceutical Association and Illinois Nurses Association, has been reactivated. Constitution and By-Laws have been approved by each of these groups and the professional members from this Society have been appointed. The nurses group has only recently been added to the participants. Shortly before the outbreak of war, these representatives met and organized the Interprofessional Council and had several meetings to discuss mutual problems. When war broke out, the Council remained inactive until the past year. There are many reasons why those organizations primarily interested in the several phases of health work, and with many mutual problems, should hold occasional meetings, take actions or make recommendations subject to the approval of the several parent organizations. This has been done in a few states, and is now under consideration in many others, and should be of much service to their respective societies in the near future.

The House of Delegates was called in special session during the past fiscal year. This session was held on July 28 in Springfield to go over the prepayment medical care program, and to dispose of some complications which developed during the last meeting of the House of Delegates on May 16, 1946. After a long session lasting all forenoon, there developed a unanimity of opinion in the early afternoon, and definite decisions were made, apparently agreeable to all the members, and soon thereafter, policies were submitted from insurance companies to the Committee, which in accordance with instructions received, were approved and the program finally placed in operation. This was the first extra session of the House of Delegates on record, so far as the Society records now available are concerned.

The Advisory Committee to the Illinois Public Aid Commission has had a great many meetings with a similar committee from the Illinois Public Aid Commission and has functioned exceedingly well. Though deprived of the long years of experience and advice of Dr. Charles Phifer, the former chairman, Dr. E. P. Coleman has carried on efficiently and one of the outstanding accomplishments of this Committee has been an agreement for increased fees for certain categories of the former fee schedule. The Commission recognizes the need for increased fees in these modern times and your Chairman has noted with satisfaction the cooperative attitude of the Director of the Illinois Public Aid Commission, Mr. Hilliard.

The Committee on Industrial Health has given much helpful information to the Councill and the Chairman, Dr. J. H. Chivers, who is so well informed on this subject, has attended the national conference on industrial health concerned with these problems.

Your Chairman wishes to acknowledge herewith the tremendous amount of work done for the Committee on Voluntary Prepayment Medical Care Plans by Dr. Charles Phifer, who is no longer chairman of this Committee. Dr. Hopkins has succeeded him and after a year of meetings the Committee on Voluntary Prepayment Medical Care Plans has three insurance com-

panies now selling policies at a low rate of premium and giving maximum benefits to their subscribers, primarily to those in lower income groups who need this protection against the so-called catastrophic illnesses, or accidents, and to aid in caring for the expense of the unexpected surgical operation. It is believed that within another year, there will be a larger number of insurance carriers writing these policies in accordance with the requirements laid down by the Committee and approved by the Council, and there should be a wide coverage in all parts of Illinois within a reasonable time.

While progress is definitely being made throughout the State on the institution of voluntary prepaid medical care, your Chairman feels that the result thus far has been discouraging when one considers the tremendous efforts put forth by this Committee. It could be that the requirements laid down by the Committee and approved by the House of Delegates and Council are not attractive to large insurance companies. The insurance companies thus far agreeing to issue policies in accordance with the principles laid down are excellent companies, but it would seem that we should attract more companies to this project. It may be necessary to relax some of our requirements. Perhaps the premium is too low for the benefits required.

The Hospital Survey in the State of Illinois authorized by the Hill-Burton Bill passed by Congress has been completed under the able chairmanship of your President, Dr. Berghoff. This report was well in the lead of reports from other states and is now in the hands of the Department of Public Health.

The Committee on Constitution and By-Laws has reported on the problem referred by the Judiciary Committee of the American Medical Association, in which the latter raised the question as to our constitution and by-laws not containing provisions for the accused and the accusor to have the right to appeal. After due investigation and a comparison with other state constitutions and by-laws, this Committee felt that no change is necessary in our present rules. The question of submitting a proposal for change in the constitution and by-laws to limit an ex-president's term as councilor-at-large to one year has not been sufficiently pressed by the membership to justify this committee proposing a resolution to change the constitution in this respect. The House of Delegates has had before it a proposal to include in our constitution and by-laws a clause regulating the type of medical testimony given by our members in court. It is, I think, proposed to bring this before the House of Delegates again at this session.

The Director of Public Health, Dr. Roland R. Cross, has shown the same cooperative interest in our Society as in years heretofore. He is a regular attendant at the Council meetings where he gives as much advice regarding public health matters and we feel we are fortunate to have the present pleasant cooperative support of the Department of Public Health through its Director. Dr. Cross is a valuable member of our Society and we look upon him as a member of the Council.

Dr. Henry Poncher, in charge of Child Health Survey Services in Illinois, has established contacts on the county society level and it is proposed to have a clinic here and there in various areas under the supervision of the University of Illinois, functioning under the supervision of this committee and the county medical society.

The Committee on Rural Health, under the chairmanship of Dr. Harlan English, has done a remarkably fine piece of work. The Committee has been congratulated by the Council for its report. The report of its progress has been distributed throughout the county medical societies and is worthy of special consideration by the House of Delegates.

Dr. Hutton, chairman of many of our committees and always an enthusiastic and willing worker for our Society, has been active and has been devoting a great deal of his time to secure proper and adequate legislation in order that Illinois may be placed in the front ranks in the control of tuberculosis. This preventable and curable disease has received too little attention by the State of Illinois. The disease can be cured, it can be prevented, and it can be eradicated.

John W. Neal, who has acted in the capacity of executive secretary of the Committee on Medical Service and Public Relations has contributed much to this society since he assumed this responsibility. Neal is a capable attorney and has worked with many committees, has attended many meetings in addition to his regular duties. I desire to take this opportunity to thank Mr. Neal for his interest in Society affairs and his contributions to medical activities throughout the state.

The tendency of hospitals to employ physicians on a full-time basis for the purpose of exploiting their monetary value to the hospitals is an ever present and increasing problem. Your chairman feels that any inroads to private practice of this type can be blamed on the profession itself, due to an attitude of *Laissez-faire* on our part. What is everyone's business seems to be no one's business and if individual members of county societies would cooperate with the governing boards of hospitals and explain the economic side of the profession's attitude, much could be done to control this tendency and to make for better relations between hospitals and the profession.

Finally, I am sure that our Society has had a constructive year. I am deeply indebted to the various committee members for their fine cooperative work. I realize how much time it means and what energy is necessary to perform well as a committee member and these efforts are deeply appreciated.

Without the able competent, never-failing support of your Secretary, Harold M. Camp, the Chairmanship of the Council could not possibly be carried on with any degree of efficiency. I am personally indebted to him and on behalf of the Council extend its appreciation and thanks for his services, many times difficult

because of lack of facilities and staff. No State Society in the nation has a better, if as good, secretary.

It has been a pleasure and a distinct honor to be Chairman of the Council and I am deeply and humbly grateful.

Respectfully submitted,
WALTER STEVENSON, M.D.
Chairman of The Council.

REPORT OF THE COUNCILOR OF THE FIRST DISTRICT

To the Members of The House of Delegates:

In sending in my report for the current year I am glad to say that conditions in District 1 are running along smoothly. There have been several meetings—among them the Postgraduate Meeting in Rockford last fall which drew a fine attendance and presented a fine program.

The various Societies are functioning smoothly and the morale of the District has been good.

With the Veterans back from service we have a much better representation and the younger men are taking hold of affairs and the meetings seem to have much more zest and interest.

I can say that I am glad to report the First District to be in good shape.

Respectfully submitted,
L. J. HUGHES, M.D.,
Councilor, First District.

REPORT OF THE COUNCILOR OF THE SECOND DISTRICT

To the Members of The House of Delegates:

The six county medical societies in the Second District have entered the immediate post-war period in a very satisfactory manner. The return of doctors to their former practices, together with the coming of some new men to the various communities has added considerable zest and enthusiasm to the activities of the societies. Attendance at meetings has been very good. Attendance at the Postgraduate Conference in LaSalle indicated much interest and it is hoped the programs will be continued next year.

The County Health Unit question has met a varied reception, being thought of favorably in some places, and in others, not. One board of supervisors has already inaugurated its own County Health Service which is to be financed entirely by local taxes. It is hoped that the activities and services will be expanded as time goes on.

Membership in the Fifty Year Club is growing and the recipients of this award are very appreciative of the recognition given them.

Throughout the district the shortage of hospital beds and nursing service is still a serious problem with no immediate relief in sight.

Respectfully submitted,
EDGAR C. COOK, M.D.
Councilor, Second District.

REPORT OF THE COUNCILORS OF THE THIRD DISTRICT

To the Members of The House of Delegates:

The Third District represents members of The Chicago Medical Society, the Medical Society of Cook County, which is composed of fifteen branches and has a membership of nearly six thousand one hundred doctors.

The Central Society and each of the fifteen branches have separately held monthly scientific meetings, except in March, when all efforts were turned toward the great Chicago Medical Society Clinical Conference. Many fine papers have been presented by excellent speakers, especially at the Central Society Scientific Sessions. Scientific meetings of the nineteen specialty groups in this area have also been unusually attractive this year.

Medical education is being furthered in our medical schools, which have expanded to full capacities; by the monthly scientific meetings; by postgraduate courses; and by the Clinical Conferences.

Noteworthy, is the postgraduate work offered in the field of cancer by the joint efforts of the Illinois Division of the American Cancer Society. The Illinois State Medical Society and the institutions and doctors in the Third District.

The Council of The Chicago Medical Society has approved the establishment of short intensive courses of from one to two weeks duration in the various specialty fields of Medicine and Surgery, particularly in Cardiology, Gastroenterology, Allergy, Communicable Diseases, Cardiorenal Diseases and Cancer.

A Bureau of Information is being established for the purpose of gathering and publishing surgical and clinical schedules, medical school and hospital activities, medical meetings, lectures and other matters of educational importance which should be of interest to local and visiting physicians.

The Third Annual Chicago Medical Society Clinical Conference was held at the Palmer House on March 4, 5, 6 and 7 under the most able chairmanship of Dr. J. P. Simonds. Four full days of intensive postgraduate study was offered by and to physicians from all sections of our country. In conjunction scientific exhibits under the direction of Doctor C. Baum and technical exhibits presented by commercial organizations offered the finest in surgical, medical, literary and refinements-in-living displays.

The Chicago Medical Commission is showing increased activity and representatives have appeared before the Medical Society Council and the Calumet Branch to show their aims. Their projected plans show as participants a new Loyola School of Medicine, an extension of the University of Illinois School of Medicine and a Veterans Hospital. A site for the proposed permanent home of the Chicago Medical Society is even delineated.

The second symposium on Medico-Legal problems sponsored by The Chicago Medical Society, The Institute of Medicine, and The Chicago Bar Association held five meetings in February and March. A lawyer

and a physician addressed each of the large and interested groups and conducted a lively discussion of the topics presented. These inter-professional meetings undoubtedly do much to promote better and more friendly relations between these two learned professions.

Five members of the Committee on Medical Testimony have been called to discuss certain questionable conduct which had been reported against physicians. In each instance, a word of warning and advice from the Committee was sufficient. This Committee has the approval of The Chicago and The Illinois State Bar Associations. On February 7, at a meeting of The Association of Circuit and Superior Court Judges, the Chairman of this Committee was present to discuss a paper on the Minnesota Plan read by Attorney Timothy McKnight. Following the discussion the Association voted their unanimous approval and support.

The Committee on Tuberculosis Control, under the chairmanship of Doctor James H. Hutton, has been unusually diligent, and reports favorable progress in a more adequate program for the eradication of this preventible disease.

Over fifty-one percent of the physicians of Cook County have signed statements promising participation in the Chicago Medical Service Plan for prepayment Medical Care. It is believed that the first policy will have been issued by the time this report is presented to this House of Delegates. Here, in conjunction, with the plan approved by you last year, should be another step toward voluntary prepayment for services and away from the pauperizing pernicious political plan proposed by proponents in the Federal Government.

A special Committee has been appointed by The Chicago Medical Society to attend meetings held jointly by The State Society Advisory Committee and The Illinois Public Aid Commission. One of the problems under consideration is the present non-payment to physicians for services in hospital to recipients of aid from the Commission, a situation peculiar to Cook County. It is believed that a more satisfactory status is about to be accomplished.

The shortage of hospital beds is under study by a Special Committee appointed to recommend on ways and means of solving this distressing problem. In this regard it may be mentioned that certain hospitals are increasing their bed capacity by either new buildings or additions. In this group are Evanston, Mercy and Little Company of Mary Hospitals. The practice of reducing the professional staffs of hospitals is not considered a helpful procedure in alleviating a problem distressful to hospitals throughout the nation.

The Nursing situation which appears to be becoming more acute is also under study. Meanwhile efforts are being made to arose interest in a nursing career, and to encourage the training of Nurses Aids and voluntary nurses assistants.

Little qualified objection was encountered when The Chicago Council raised the annual dues for members of the Chicago Medical Society. Five of the twenty-five dollars now charged are placed in a fund for the acquisition of a permanent home for the Society.

The year ending has been a period filled with educational, scientific and economic problems and activities. None has been completely solved, all have been attacked vigorously and each in some measure benefited the ideology of our profession. We Councilors wish to express our appreciation for the opportunity to serve the officers and members of the component branches of The Chicago Medical Society, and we wish to express our gratitude for the cooperative spirit found in the Council of this grand State Society.

Respectfully submitted,

PERCY E. HOPKINS, M.D.,
OSCAR HAWKINSON, M.D.,
HARRY M. HEDGE, M.D.
WADE C. HARKER, M.D.
LEO P. A. SWEENEY, M.D.,
H. PRATHER SAUNDERS, M.D.,
Councilors, Third District.

DR. OSCAR HAWKINSON, Chicago: There is an error on Page 21 of the Handbook. The paragraph reads:

"Five members of the Committee on Medical Testimony have been called to discuss certain questionable conduct which had been reported against physicians."

It should read:

"Five members of the Chicago Medical Society have been called before the Committee on Medical Testimony to discuss certain questionable conduct which had been reported against physicians."

REPORT OF THE COUNCILOR OF THE FOURTH DISTRICT

To the Members of The House of Delegates:

The Fourth District is composed of twelve counties, Fulton, Hancock, Henderson, Henry, Knox, McDonough, Mercer, Peoria, Rock Island, Stark, Schuyler and Warren.

There are in the Fourth District 547 members of the Illinois State Medical Society, represented in the house of delegates by 13 delegates. In this district are 56 physicians who are not members of the State Society.

The Fourth District has during the past year experienced perhaps one of its most successful years. The stimulus to accomplish good work in one's office, has been accentuated by the frequent meetings of the county societies, and by the excellent attitude of the members returned from military service, who are zealous and eager to "go."

The number of practicing physicians in the various counties has increased over that of the past few years. It would seem that most of these men, both the older ones and the newer ones, are more interested than ever before in their obligation to organized medicine. This condition is evidenced by the attention given in

the various component groups to such affairs as the Plan for Prepayment Insurance, the County Health Unit (two of the counties already have it functioning), the Examination of the School and Pre-School Children, the Medical Care of Veterans, the Securing of Donations for the Benevolence Fund and other projects that are of live concern today in medicine in Illinois.

Doctor P. J. McDermott, of Kewance, Henry County, died this past winter. He was held in high esteem and for more than 20 years was the secretary of his county society and was always present at the annual State Society meetings.

It has been a great pleasure to serve as Councilor representing the Fourth District, to meet members of the various county societies, and to be associated with the members of the Council.

Respectfully submitted,
CHARLES P. BLAIR, M.D.
Councilor, Fourth District.

REPORT OF THE COUNCILOR OF THE FIFTH DISTRICT

To the Members of The House of Delegates:

The past year has brought a return of conditions pertaining to the practice of medicine much like those which were present before the war. With the exception of one county with only eight members, the county societies in the Fifth District are back on schedule. Regular meetings have been held and the attendance is as good as formerly. No problems have arisen during the year which have required the attention of the Councilor. As regards medical legislation the profession is very much on the defensive and this fact has been conductive to harmony and cooperation among the members.

There has been a slight increase in membership in the district during the past year. There have been several deaths as follows: in Sangamon County, Drs. W. L. Michelson, G. B. Lutyens, J. C. Walters, all of Springfield; in McLean County, Drs. L. L. Irwin, S. J. Barkett, F. C. Fisher, all of Bloomington.

Last June a Postgraduate Conference was held in Bloomington. The attendance was good and the program was excellent. Many favorable comments were made by physicians who were present.

Montgomery County recently approved the county health unit but the organization has not been completed. DeWitt County recently voted to join with Piatt County in setting up a health unit. In July, 1946, McLean County opened its new health department and is getting a good start. The public seems to appreciate the efforts to improve the health conditions in the county. Nurses have visited 155 one room schools in the county which have never had any health service. A well equipped laboratory with a trained bacteriologist has been opened. This will be of great help to both the physicians and the public. These are innovations in health matters in this county and should meet with public approval.

Ordinances requiring the pasteurizing of all milk sold in the county and licensing all restaurants have been prepared and submitted to the Board of Supervisors. The profession can do a real service in supporting the county health units. The public will be better satisfied, general health conditions will be improved and agitation against the profession will be lessened if we can prove the value of the county health department.

Respectfully submitted,
RALPH P. PEAIRS, M.D.
Councilor, Fifth District

REPORT OF THE COUNCILOR OF THE SIXTH DISTRICT

To the Members of The House of Delegates:

The past year has been a return to civil practice of practically all of the physicians of the Sixth District. In all instances these physicians have picked up their practice where they left off, and I have observed that most patients have returned to their former physicians. This same condition of affairs followed the last war and I am glad that the fears of many veteran physicians that their practice would have disintegrated have not proven true.

We have had an excellent Postgraduate meeting in this district. The attendance was very large and many expressions of commendation were received from those who attended. These meetings are well worthwhile and the physicians of the state look forward to them with a great deal of anticipation.

An apology is due to some County Societies because the Councilor has not visited with them at meetings this year. However, my position as Chairman of the Council this year has necessitated my being away from the distict to attend committee meetings a great deal of the time—so much so that time for activities, other than my personal practice, has been very scarce indeed. I shall try to get about oftener next year.

A desire on the part of the one local Society to form a branch society as a component of the State Society with representation in the House of Delegates did not conform with the Constitution and By-Laws of the State Society. Therefore, a request for such a new society could not be granted.

There have been no disagreements, violations of ethics, nor other problems which required this Councilor's help in the district.

Respectfully submitted,
WALTER STEVENSON, M.D.,
Councilor, Sixth District.

REPORT OF THE COUNCILOR OF THE SEVENTH DISTRICT

To the Members of The House of Delegates:

Your Councilor is happy to report the Seventh District had a rather active year.

All but three counties had regular monthly meetings; which according to reports were well attended. There was evidence of greater interest and enthusiasm, as the returning veterans became active in the duties of the County Society. Three counties joined with other

counties in their regular monthly scientific programs.

The organization of county health units in the District received much attention and support from the medical profession. They were able to bring the proposition to a vote in Effingham and Shelby Counties, both winning by a two to one majority. The county boards having made their levy prior to the election, were unable to make a levy to support the County Board of Health. This levy cannot be made until September, 1947; therefore it will be impossible to have a functioning health unit in the above counties until late in 1948 or 1949.

It is a pleasure to report there has been no major disturbance within the District and that it is functioning smoothly.

Respectfully submitted,
C. H. HULICK, M.D.,
Councilor, Seventh District.

REPORT OF THE COUNCILOR OF THE EIGHTH DISTRICT

To the Members of The House of Delegates:

1946 was the year of return to civil practice of our Armed Service members. From talks with these returned veterans, I get the impression that they are, for the most part, satisfied with the state in which they found medical practice on their return and appreciate the return of many of their former patients to them for care.

In some areas of the District, there is need for more hospital beds which could be used by any licensed doctor to care for his patients; but, the problems of educating the people and their paying for it has, so far, not been successfully done. Further efforts along this line are absolutely necessary.

Some of the County Societies in the District are so small that it would seem desirable to consolidate them together in order to make for good medical organization.

Many practitioners in the District have received and will receive their "50 Year Club" certificates and emblems, this year. It is always a great pleasure to present to these elders in the practice some small token of the esteem in which they have been held by so many people for so many years.

As Councilor, I have attended a meeting of each County Society which regularly has meetings and to which I have been invited.

At the time of this report, we are looking forward to a good attendance at the Postgraduate Conference to be held in Mattoon for the Eighth District. By their attendance at these meetings, one is impressed by the valuable support that the membership of the Societies is giving to the excellent programs prepared by the Postgraduate Education Committee.

Respectfully submitted,
HARLAN ENGLISH, M. D.,
Councilor, Eighth District.

REPORT OF THE COUNCILOR OF THE NINTH DISTRICT

To the Members of The House of Delegates:

There are about one hundred eighty-six physicians practicing medicine in the fourteen counties comprising the Ninth District. There is an organized County Society in each of the counties excepting two, which hold occasional or regular monthly meetings. Of these one hundred eighty-six physicians, 90 per cent are members of their respective County Societies.

Some of the counties have united with neighboring counties and formed group organizations. Williamson and Franklin Counties have joined Perry, Randolph, Jackson and Union, of the Tenth District, to form a six county group. This organization is really doing things in the way of having good meetings. They meet monthly and have good scientific programs. Their speakers are usually from the larger centers and teaching institutions, and the meetings are well attended. The return of the younger men from the armed forces gives zest and adds greatly to the success of these meetings. I believe if more groups of this kind were organized, especially among the weaker counties, it would add greatly to the success of organized medicine.

During the past year there was a movement started by the University of Illinois, through Dr. Poncher, Professor of Pediatrics, for the extension of pediatric service to some point in Southern Illinois, convenient to the largest number of physicians. The Herrin Hospital was chosen for the location of the Clinic which will be established in the near future. The University proposes to place a man of professorial rank, full time, for consultation and advise to physicians regarding their pediatric problems. This undoubtedly is a good move.

There is also a state aided Cancer Clinic to be established at this hospital very soon.

Probably the high light of our Southern Illinois Medical gatherings is the annual meetings of the Southern Illinois Medical Association, which meets in November each year. Last year the meeting was held at Anna, in Union County. There was a very fine scientific program which was well attended and enjoyed by the physicians of this District.

This year the meeting is to be held at Belleville and we anticipate another good meeting.

We had no Postgraduate meetings in the Ninth District during the past year, but a number of the physicians attended some of the meetings in surrounding Districts.

Respectfully submitted,
C. O. LANE, M. D.,
Councilor, Ninth District.

REPORT OF THE COUNCILOR OF THE TENTH DISTRICT

To the Members of The House of Delegates:

Interest in organized medicine has been stepped up very materially since the return of the medical men

from service, the County Medical Societies showing a great deal more activity. The six-county group organization in the southern part of the state, consisting of Jackson, which was the leader and founder of the organization, Perry, Union, Williamson and Randolph Counties and one or two from the Ninth Councilor District, is the most outstanding medical accomplishment in this district for the past year. By combining these counties into one group it is possible to have better programs. They have asked the Medical Department of the University of Illinois and the Postgraduate Education Committee of the Illinois State Medical Society to sponsor their programs and I have lent my efforts toward having their requests fulfilled.

This six-county organization has also shown much interest in attending the Postgraduate Courses sponsored by the committee on cancer control and were very cooperative in establishing the Pediatric Clinic set up by Dr. Poncher from the University of Illinois. As this medical group includes both the Ninth and Tenth Councilor Districts, Dr. Lane will no doubt have something to say about it.

Due to our experiences in the past, I would like to make the following suggestion as a warning not only to the members in my district but in all districts. Be sure you are familiar with the type of contract which might be handed to you by State or Federal organizations for the care of State or Federal charges. If you don't sign the contract you can treat the patient as you see fit.

I should like to urge closer cooperation of the County Medical Societies with rural-urban organizations for better health programs, their medical care and recommendations on insurance which their organizations should endorse. Encourage the rural youth to study medicine if interested and emphasize that they return to their home districts to practice. Since doctors are dependent, to a greater extent, on farm resources they should use their influence for better farm practices. This is practically the same recommendation that was made by the committee on rural medicine service of which I am a member.

In the industrial districts there should be closer cooperation between the management of industry, the employer and employee with at least one or two meetings a year for the discussion of industrial health problems.

The Southern Illinois Medical Society, which is composed chiefly of the doctors of the Ninth and Tenth Districts, will hold its meeting in Belleville on November 6, 1947. This has always proven to be a very outstanding meeting and I wish at this time to extend an invitation to anyone who is interested to come.

Respectfully submitted,

G. C. OTRICH, M.D.,
Councilor, Tenth District

REPORT OF THE COUNCILOR OF THE ELEVENTH DISTRICT

To the Members of The House of Delegates:

It is our pleasure at this time to report that the component societies of this district are in excellent shape. The Societies are active, have regular meetings and the officers are most cooperative. There has been a marked increase of physicians in the rural areas as well as the urban centers of this district, so it is now our pleasure to report that in our opinion few of any of our communities are lacking in physicians.

Your Councilor has attended practically all of the meetings of the Illinois State Medical Society and has been active on the Committee on Medical Service and Public Relations, the Committee on Medical Care of Public Assistance Recipients, and the Committee on Prepayment Medical Care Plans. These Committees have held frequent meetings and it is hoped that the Members of the House of Delegates will read their reports in the handbook.

Your Councilor has attempted to attend meetings of most of the components County Societies and is happy to report that regular meetings are now being held in all the counties. There is increased interest particularly on the part of the younger members both in the scientific and economic side of medicine.

The outstanding activity in the District in the past year was the Postgraduate Conference held in Joliet in Jaunary, 1947. The speakers were outstanding and the program excellent, worthy of a much larger meeting. The speakers were well received by an enthusiastic audience of over a hundred and everyone who attended felt repaid for the time spent in attending. The Will-Grundy County Society was a perfect host and entertained the attending physicians royally. In the opinion of your Councilor Postgraduate Conferences are an outstanding activity of Illinois State Medical Society and the plan should be continued and extended as much as posible.

Your Councilor wishes to express his thanks to the officers of the various component societies for their support and cooperation in the past year. He hopes they, as well as the entire membership, will continue their interest in the scientific and economic problems of medicine.

Respectfully submitted,

E. S. HAMILTON, M. D.,
Councilor, Eleventh District

REPORT OF THE COUNCILOR AT LARGE

To the Members of The House of Delegates:

During the past year there has been a considerable volume of work involved in attempting to conclude the unfinished business of the past two years as President of the Illinois State Medical Society. In addition to several other duties your Councilor-at-Large has served on the following committees: As a member of the Advisory Board to the Division of Cancer Control, to the Department of Public Health, and working with the Illinois Division of the American Cancer Society. It has been noted that the intense popular demand that something be done about the cancer problem will sooner or later reach the phase of legislative action. With this in mind the medical men working on these various com-

mittees, who will probably have reports on other sections of this handbook, have been planning the ideal type of legislation to be introduced in the event that its introduction seems indicated this year. Their sole purpose has been to see to it that the victims of cancer will be directed to doctors in their own communities who in turn will be rendered additional facilities in diagnosing and treating this disease. The emphasis being made on better teaching of the subject rather than simply providing care for the terminal stages of the disease.

In acting as Chairman of the Medical Advisory Committee to the Commission for the Study of the Chronically Ill several interesting facts have been brought out. The care of the chronically ill constitutes one of the State's major expenses and only one in three in this group is past the age of sixty-five years. This being contrary to the general ideas prevailing on this subject. It includes children, including those crippled with infantile paralysis, cardiac cripples, mental cases and others. The law-making bodies have been interested in determining what can be done to relieve the burden and are investigating it. The Medical Advisory Committee has had to be at their service to furnish necessary professional knowledge so as to be able to protect the interests of both the profession and the public. The committee has found the profession members to be much interested and exceedingly fair to the profession, and also very desirous of doing a good job in rendering a public service. The committee has done its best to be helpful in this field, and feels that it has been of real service.

As a member of the Commission of Hospital and Medical Care. A little over a year ago a Bill was introduced into the State Legislature which was in effect a little Wagner-Murray-Dingell Bill. A commission was appointed to study this. It included three Senators, three Representatives and three others, two of whom were to be friends of organized labor. As the only medical member of this commission it was interesting privilege to listen to the reasons advocated for this type of legislation. Its advocates were the members of several of the different unions in the state, and the Bill, according to the hearing, had the definite backing of organized labor. It did not seem that any reasons were brought out or any evidence introduced that actually indicated any such need but the thought was presented that it might be an additional aid and therefore worthwhile. After a better acquaintance it was found that the medical profession and the unions have a great deal in common, that the points of difference between them can be readily explained and the reasons for the different viewpoints better understood. As has been found with the legal profession we have many problems in common and an attempt to see each others' viewpoint brings out the fact that we will get along much better by working in harmony than by offering violent opposition. Once an understanding is reached it is obvious that both legislators and union leaders are friendly to the medical profession in principle and it is to our interest and theirs that we make it possible to bring about closer ties with them so that we can work together in our mutual effort to avoid regimentation of medicine which would soon be followed by job-freezing and wage-ceilings affecting labor.

During the past two and one-half years there has been an unusual opportunity to observe the legislative problems in Washington made through the organization of State Presidents. Evidence has been presented to show that the new Social Security Department it trying to control medical affairs through a new Health, Welfare, and Social Security Department, being put under one head and perhaps with a Cabinet rating. This might yet succeed, and if so all government health programs would be directed by a non-medical man with totalitarian ideas, and the worst aspects of the Wagner-Murray-Dingell Bill would be achieved without passing through Congress but purely by means of bureaucratic regulations. Recent information available shows how far this infiltration has proceeded and also who some of the individuals back of it are. If the American Medical Association Committee in Washington is able to use this information as it should, a more vigorous campaign of opposition might be affected. The next A. M. A. meeting in Atlantic City may be very instructive and it is to be hoped that a more vigorous stand may be taken in direct opposition to the individuals in person who are proposing this type of legislation.

In conclusion, I have found, particularly during the past year that contacts with various legislators in our State Assembly reveal that many of them have a high regard for the medical profession and seem to be confident of its integrity and honesty of purpose. They are apparently willing to accept its suggestions and guidance when convinced that this advice is disinterested and in the interest of public welfare. It is highly important that we maintain this good reputation and their good will.

Respectfully submitted,
EVERETT P. COLEMAN, M. D.,
Councilor-at-Large.

REPORT OF THE EDITOR

To the Members of The House of Delegates:

During the past fiscal year there has been a slight improvement in some of the problems which had been responsible for the delay each month in getting out the Journal, although there is still a paper shortage as well as shortage or other essential materials needed in a modern printing plant. During the late war it was impossible to get the Journal out during the month for which it was dated, and efforts were made to try to remedy this situation.

There was a gradual advancement of the dead line, the date on which all material must be in the hands of the editor and business manager for the next issue of the Journal, and during the past three months for the first time in five years the Journal was in the mail by the last of the month. We hope during the coming year to further improve this situation, and have the

Illinois Medical Journal delivered to all members during the month for which it is dated.

There have been a number of meetings of the Journal Committee and the Editorial Board at which joint conferences, many problems in connection with the Journal have been discussed in the effort to improve our publication in accordance with the desires of the membership as whole, and this House of Delegates. All suggestions have been referred to the Council which is responsible for the publication of our Journal.

During recent months we have published several guest editorials, these submitted by physicians outside of this Society who were invited to prepare a scientific editorial on some important subject in medicine. We have written to a number of men in various parts of the country and have the promise from several that they will send such an editorial in the near future. We hope eventually to publish one guest editorial in each issue of the Journal.

At a joint meeting of the Journal Committee and the Editorial Board last summer, it was recommended that cash awards be given for the best scientific article and best scientific editorial submitted and published during the fiscal year. This according to the recommendation, was to be given only to members of The Illinois State Medical Society, and two awards to be given:

1. For the best written article passed upon by literary and scientific people, and
2. For the outstanding piece of original work as presented in a paper. For the first class, a cash award of $100.00, and for the second class, an award of $200.00, this to apply to original scientific articles and scientific editorials.

The Chairman of the Editorial Board, James H. Hutton, presented this proposal to the Council and it was unanimously approved, and will apply to articles published in the Illinois Medical Journal from July, 1946, to, and including the Journal in June, 1947. Several members have submitted papers and editorials to appear in early numbers of the Journal, and some have already been published which will be considered for these awards.

It was the desire of the Editorial Board and Journal Committee that efforts be made constantly, to get better papers for the Journal, and to do everything to encourage members to submit papers for publication. Unfortunately too many papers received by the Editor are too long, and some have been returned to the author asking that they be rewritten, omitting much historical data, bibliographic references, and other things which do not need to be published in the Journal, although may be incorporated, if desired, in the author's reprints.

It has been the policy of the Editor to submit most of the papers received for publication, to the Editorial Board for its opinion as to the advisability of publishing them, as presented, in our Journal. It has been the policy of the Group to refrain from publishing too highly technical papers, which should properly be published in some of the special Journals, and this recommendation has been made in a few instances during the past year.

Efforts have been made constantly, to carefully review all advertisements submitted for publication in the Illinois Medical Journal, and eliminate some which might be deemed objectionable. The official organ of a State Medical Society is intended primarily to bring up to the minute information on many of the problems in medicine, and it is not to see how much money can be made through the publication of advertisements. Some acceptable advertisers have desired to increase their annual number of advertising pages, but as a whole, this is not desirable and some of the requests have not been approved.

We are pleased to report that the Clinical Pathological Conference Department has been revived in recent months, and we hope to continue to publish these interesting reports in each issue of the Journal. The "News of The State" department has been revised and enlarged, and the responsibility of assembling this section has been placed in the hands of Ann Fox, the present Secretary of the Educational Committee. Many favorable comments have been received relative to the rearrangment of the material submitted from many sources, in addition to that which is received from many county medical societies.

The membership as a whole is urged to submit clippings, or items of interest concerning members of the Society and their activities. Those responsible for the publication of the Illinois Medical Journal are desirous of publishing in the Journal each month what the members as a whole, desire. We are anxious to publish as many scientific articles as possible in each issue, and as soon as the paper shortage has ceased, we hope to increase the number of pages in each issue so that more articles of interest to the profession in Illinois as a whole, may be published regularly.

The Editor desires to pay his respects to our Business Manager, Mr. L. E. Malley, who has worked faithfully for the interests of our publication over a period of six years. He personally attends to the business matters, especially relative to advertisements, billing and collecting for the advertisements, making up the dummy, and also doing some proofing each month. Mr. Malley has had our Journal uppermost in his thoughts constantly, has met with the Journal Committee and Editorial Board at each of the joint conferences, and has received his orders from these groups, as well as from the Council, which according to the by-laws of this Society, is actually responsible for the publication of the Illinois Medical Journal.

We are also grateful to the members of the Journal Committee and the Editorial Board for their assistance and encouragement on many occasions during the past fiscal year. These men individually and as a group are intensely interested in the Journal, and are trying in every way possible to increase its value to the membership of this Society. All of us are desirous of receiving suggestions from this House of Delegates as to how the Illinois Medical Journal may be further im-

proved, to increase its value to the membership of our State Medical Society as a whole.

Respectfully submitted,
HAROLD M. CAMP, M. D.,
Editor.

REPORTS OF STANDING COMMITTEES

REPORT OF THE COMMITTEE ON MEDICAL SERVICE AND PUBLIC RELATIONS

To the Members of The House of Delegates:

The Society's work has become so arduous and voluminous that it cannot be adequately performed by committees alone composed, as they necessarily are, of members who can devote but a small fraction of their time and energy to Society matters. We shall always need the fulltime efforts of men and women trained in their special fields. As a consequence of this situation the Council as of April 1, 1946, employed Lawrence C. Salter and Associates as public relations counsel. The report of their first year's work is summarized by Mr. Leary. Unfortunately for the Society as well as for Salter and Associates, such a report gives but an incomplete picture of the work they have done and the good they have accomplished.

Mr. Neal handles another aspect of this committee's assignment. The summary of his activities constitute another section of this committee's report.

Members will no doubt recall that Miss McArthur, who had been with us some nineteen odd years as secretary of the Educational Committee, resigned last fall. Miss Ann Fox, who had many years' experience with the American Medical Association, was employed to take her place. This she has done in a very agreeable and competent manner.

The work of the Educational and the Medical Service and Public Relations Committees is so closely intertwined that it is sometimes difficult to distinguish the line of demarcation. Fortunately Miss Fox, Mr. Neal and Mr. Leary cooperate so well that there is no duplication or overlapping of efforts. While the work of the Educational Committee deals largely with health education and the scientific side of medicine as in postgraduate and other medical meetings, Miss Fox has also been able to cooperate with Mr. Leary in bringing us into better relations with many lay groups, particularly the P.T.A., while both Mr. Neal and Mr. Leary have contributed liberally to the work of the Educational Committee.

Through the efforts of Dr. Coleman, Miss Fox, Mr. Neal and Mr. Leary we are on better terms with labor than ever before. We have found that in several instances our objectives are practically identical and we can work harmoniously together, while Dr. English and his committee have brought us into closer touch with the agricultural organizations of the state. Altogether it seems to the writer that we are on better terms with the public than ever before. With care and tolerance we should continue to enjoy this pleasant relationship.

I want to express my appreciation of their efforts and pay my respects to Miss Fox, Mr. Neal and Mr. Leary. In my opinion no state will have a better public relations organization than Illinois as long as we are fortunate enough to have these three people working for us.

Respectfully submitted,
JAMES H. HUTTON, M. D.,
Chairman.

EDWIN S. HAMILTON, M. D.,
EVERETT P. COLEMAN, M. D.,
ROBERT S. BERGHOFF, M. D.,
WALTER STEVENSON, M. D.,
HAROLD M. CAMP, M. D.,

LEGISLATIVE REPORT

This is a legislative year in Illinois, and the General Assembly has been in session since January 8th. The session has gotten under way very slowly, and it seems probable that the inevitable rush and furor toward the end of the session will be even worse this year than ever before.

Thus far numerous bills pertaining to problems of health have been introduced, and others are expected. With but one exception, none of the perennial cult bills has yet been introduced, although the rumor persists that one or more will soon appear. The exception is House Bill No. 318, which would amend the Old Age Pension law to permit osteopaths and chiropractors to treat old age pensioners. This bill is identical with House Bill No. 23 of the 1945 session and is again sponsored by Rep. Charles M. Skyles of Chicago. Efforts to again defeat this bill have been started and are being intensified. The anticipated anti-vivisection bill has not yet materialized, nor has any plan for compulsory health insurance at the state level. One bill has been introduced calling for the establishment of a compulsory statewide system of cash sickness insurance.

Other important proposals received to date include a series of bills to create the necessary authority and machinery to qualify Illinois to receive Federal funds for hospital construction under the Hill-Burton Bill. Still another pending bill would supplement the Hill-Burton program by making additional state funds available to assist in the construction or improvement of public and non-profit hospitals. Also pending are bills designed to place the sale of all barbiturates under prescription, and to authorize counties to levy a tax to provide funds for the hospitalization of poliomyelitis victims.

Efforts are being made to secure the passage of a constructive tuberculosis control program developed by Chicago Medical Society and other interested groups. The program contemplates (a) state-aid to county and municipal sanitaria on the basis of $2.00 per hospitalized

patient per day, (b) an increase from 3 millions to 6 million dollars per year in the tax funds available to Chicago's Municipal Tuberculosis Sanitorum and (c) an appropriation of 7½ million dollars to build state sanataria in Cook County and a like amount for that purpose in the balance of the state.

On the national legislative scene, the drive by "liberal" groups to socialize American Medicine is dormant, but by no means extinct. A revised version of the Wagner-Murray-Dingell Bill may be offered at any time. Congress has before it other important health matters, including the proposal to create a separate Department of Public Health under a physician Secretary of Cabinet rank.

Proposed legislation in the health field continues to grow in volume, scope and importance. By active participation in the framing of sound and constructive health legislation, organized medicine discharges an obligation and performs a real public service.

Respectfully submitted,

JOHN W. NEAL

JAMES H. HUTTON, M. D., *Chairman*

Committee on Medical Service and Public Relations.

The following is a brief resume of the work performed by the undersigned, as public relations consultant, on behalf of the Illinois State Medical Society from April 1, 1946, to March 31, 1947.

GENERAL SUMMARY. The year began with the preparation for the annual meeting in May, 1946. This was successfully carried out, largely with the aid of the newspapers. Seventeen (17) stories were prepared and mimeographed, based largely on papers presented at the meeting, and the state was heavily blanketed with these releases. A preliminary story announcing the meeting and a second story summarizing the discussions briefly were mailed to all weekly newspapers, in Illinois, nearly 500 of them, as well as to daily newspapers, radio stations, and press services. Stories based on manuscripts were sent to the daily papers, radio stations, and press services. These stories aroused a good deal of attention and many clippings were received of them. The press room maintained and serviced in the Palmer House throughout the meeting was used by all the press representatives who attended. A special bulletin board was set up with copies of stories and clippings attached for the information of members and guests. A number of pictures were taken by various newspapers, which also received wide use. Two special radio broadcasts were made, in addition to coverage of the meeting through straight news broadcasts.

Following the meeting, a series of stories was issued dealing with the Wagner-Murray-Dingell bill, which was then in the hearing stage at Washington as part of the national effort to rouse public opinion against the bill. Several other stories on the same general subject were prepared, but were rendered unnecessary by the adjournment of Congress; they are now being held for future use.

Activity through subsequent months of fall and winter, in addition to those described below, included a number of newspaper stories, some of them drawn from papers appearing in the Illinois Medical Journal and others arising from current issues. In all, a total of forty (40) stories have been issued on behalf of the Society including some ninety (90) pages of mimeographed copy and 5,600 separate pieces of mail. Despite several hundred clippings of news stories based on these releases, the impossibility of getting anything more than a sample of clippings makes this an inaccurate gauge of effectiveness.

MAILING LIST. As part of this activity, important and valuable mailing lists have been developed, covering not only daily and weekly newspapers, press associations, and radio stations of Illinois, but also various specialty publication groups, such as labor and agriculture. A number of special items have been included in this list, covering persons or organizations personally interested in medical subjects.

At the suggestion of Dr. Camp, the medical public relations services maintained by various other states are being added to this list. It has become necessary, in view of frequent changes, to transfer this list to cards, which are much more efficiently handled.

MEETINGS ATTENDED. A principal activity has been attendance at various meetings of the Society, its committees or other groups. This involved four trips to Springfield for a total of seven (7) days, one of three days to St. Louis, and one to La Salle; seven meetings of the Council in Chicago, six of them on Sunday; and 45 (forty-five) meetings of committees, mostly in Chicago. Committees covered include the educational, medical service and public relations, rural health, postgraduate, scientific service, veterans' medical care, medical prepayment insurance, editorial, and tuberculosis. In addition, it has been necessary to participate in some thirty (30) meetings with various representatives of the Society or other persons for specific purposes.

The privilege of sitting in on these discussions is deeply appreciated. Without it, it would have been impossible to become sufficiently familiar with the work of the Society to carry out the duties involved and the whole process of education necessary to a successful public relations effort would have been seriously delayed.

PEDIATRIC SURVEY. At the suggestion of Dr. Camp, your consultant undertook to help promote the purposes and operation of the survey of child care facilities carried out in Illinois during the last year under the sponsorship of the American Academy of Pediatrics. This involved attendance at three meetings and the preparation, mimeographing and mailing to all Illinois daily papers and radio stations of two stories.

"MEDICAL ROUND-UP." More recently, under the authority of the medical service and public relations committee and the approval of the Council, a subcommittee has been working in cooperation with the Illinois Congress of Parents and Teachers on the "medical round-up" of school children for physical examinations required by Illinois law. This idea offered opportunity for a valuable public relations effort which has been fully utilized. This involved one meeting in Spring-

field and preparation of a news story for the newspapers and radio stations of the state, all of which was done in cooperation with the secretary of the educational committee. It is followed up this summer.

Medical History. Another idea which will contribute to the public relations of the Society was suggested by your consultant and approved by the Council. It involved the distribution to newspapers and libraries of surplus copies of Zeuch's *History of Medical Practice in Illinois.* A covering letter was written, a story prepared, mailing lists gathered and tags addressed for the office of the Secretary, which handled the actual distribution of the book. It is suggested that arrangements be made for compiling and writing a second volume of this history, covering the period from 1850 to World War I.

Educational Interim. During the interim preceding the arrival of Miss Ann Fox, the new secretary of the Educational Committee, your public relations consultant undertook some of the duties of this office. This involved specifically the preparation of "Do You Know" columns for distribution to the mailing list maintained for that purpose. Fourteen (14) such columns were prepared and handed over to the office of the Educational Committee—a service which maintained the flow of these columns without a break until the new secretary was able to take over. Several other stories were written for the Committee, dealing especially with postgraduate conferences.

Some time was also spent in assisting the new Secretary to take up the routine of her office and in establishing a highly satisfactory basis of cooperation which gives indication of working out very much to the benefit of the Society. Frequent consultations and interchange of information have speeded up and expanded joint efforts of both agencies. One result of the new status has been the development of the "medical roundup" plan, for instance.

Exhibit of Society's Work. Another outcome of the new setup is the development of an exhibit illustrating the work of the Society for the annual meeting. This suggestion by Miss Fox was approved by the Council and worked out by Mr. Neal, Miss Fox, and your consultant at several meetings.

Tuberculosis Drive. A major activity has been the organization of a statewide campaign for facilities to control tuberculosis. A citizens' committee, including a number of statewide organizations, state departments, labor groups, and a large number of local units of varying types bas been organized to support a campaign to pass bills which will make money available to obtain the facilities and personnel necessary in this effort. A large number of meetings have been held and a program decided on. Several stories on tuberculosis have been prepared and distributed.

Expenditures. It should also be pointed out that only approximately $500 of the $5,000 originally appropriated for public relations expenses has been actually expended. There are several reasons for this. It has not been necessary or feasible to undertake preparation of pamphlets and similar material originally proposed which would have involved substantial printing expenditures; and your consultant has been able to keep the the mimeographing costs down through the use of equipment in the Society office, operated by personnel from this office instead of sending this material to commercial mimeographing companies. Moreover, stationery has been supplied through the office of the Secretary at Monmouth. As a result, principle expenditures from this fund have been for postage, travel, and clipping service.

Still to Be Done in 1947-48. Several items remain unaccomplished of the proposals which were made a year ago. The principal one is that concerning the promotion of the medical care insurance plan. When this plan was announced at the 1946 annual meeting, wide publicity was obtained for it, not only throughout the state, but also nationally. However, the complications which ensued have made it necessary to suspend operations with respect to the promotion of this plan. It is hoped that this work can be resumed as a major activity of the year to come. At the request of the chairman of the committee, a pamphlet describing the plan has been prepared for distribution through doctors' offices and other channels to support the sales efforts of the casualty companies writing the type of insurance approved by the Society.

Also, there is little to report as to any major accomplishment in the way of intra-professional education among County Societies. However, the exhibit now being prepared for the annual meeting and plans under way for promotion of postgraduate conferences will, it is believed, fulfill this phase of the original proposal.

In addition to carrying on the work along the lines followed so far, it is also proposed during 1947-48 to expand the effort made through radio stations and national magazines. A number of ideas in these fields are now being worked out.

Expansion Possible. A year's experience with the public relations of the Illinois State Medical Society emphasizes the need for even more coordination among all the various activities and functions of the Society. The value of public relations services could be materially expanded if all the various committee chairmen would keep your consultant advised of their activities and meetings. A number of chairmen have remained aware of the Society's public relations throughout the year and in all their activities have kept the possibility of utilizing this service in mind. Other committees, however, have not done so. It would be valuable to the Society and helpful in its public relations work if chairmen would meet occasionally with the committee on Medical Service and Public Relations and keep it in touch with their work as far as they deem it advisable so as to provide opportunity to develop material which can be turned to account. It is impossible to follow the work of each individual committee, without such help, and it should be relatively simple for a chairman or secretary to keep the Committee apprised

of meetings, plans, resolutions, and needs which might be served by the public relations mechanism.

This report cannot be concluded without a heartfelt word of appreciation for the work, advice, assistance, information, and patience displayed by the various members of the Society on whom the burden of the Society's public relations work has fallen. Especially Dr. Berghoff, Dr. Neece, Dr. Camp, Dr. Stevenson, Dr. Hutton, Dr. Hopkins, Dr. English, Dr. Hamilton, Dr. Furey, and Dr. Harker, among innumerable others, have all been unfailingly helpful, never hesitating to give unquestionably of their time and knowledge in the promotion of this effort. And it has likewise been a pleasure to work with Mrs. Zimmer, Miss Fox, and Mr. Neal.

Respectfully submitted,
JAMES C. LEARY,
for Lawrence C. Salter and Associates.

DR. JAMES H. HUTTON: Since the report was presented for publication in the Handbook, the question of shortage of doctors in some areas of the state has become more acute and our friends, the farmer group, have become more concerned about it. It was thought that the House of Delegates should ask the Council to continue the investigation of this question with the idea of setting up a revolving fund to finance students who might care to practice in those areas.

The second thing concerns the P.T.A. group. Last Wednesday in Springfield, Mrs. Butler of Alton came to me saying they were distressed over the fact that while the law provided that school children should be examined every four years, there was no mode of examination set up or method of payment provided for. It was thought that the House of Delegates should ask the county societies to set up the mode of examination and that the payment should be settled on a county level between the P.T.A. and the physicians.

Third, Jack Neal in his report mentioned the Tuberculosis bills, one, the state-aid to county and municipal sanitaria on the basis of $2.00 per hospitalized patient per day, has been reported out of Committee with the recommendation "do pass". S.B. 320, to raise the peg levy so as to increase the funds available to Chicago Municipal Tuberculosis Sanitarium from three to six months per year, has been reported out of Committee with the recommendation "do pass".

A third bill, S.B. 370, which asks for fifteen million dollars for the location of tuberculosis sanitaria in the state has not yet had a hearing.

You are requested to contact the Chairman of the Committee, and urge the passage of these bills.

REPORT OF COMMITTEE ON PROFESSIONAL DEMEANOR

To the Members of The House of Delegates:

The work of the Committee the past year, has been largely routine; interviewing men who have suits pending, and what is of equal importance, the new Medical Advisor who has unconsciously or otherwise by the lifting of an eyebrow or the shrug of a shoulder, stimulated a dissatisfied patient to institute a suit for malpractice.

Court appearances the past year have been very few, again the cases are for the most part fractures and burns.

Since our military brothers have returned from the wars, most of them have their mal-practice insurance reinstated. The Committee is recommending to all our members that they make careful study of their malpractice insurance, and anything that is not clear should have the attention of their attorney. Since a malpractice suit usually comes when least expected, and from the most impossible source, it is only the part of good judgment to prepare for these emergencies.

Respectfully submitted,
OSCAR HAWKINSON, M.D.
Chairman,
A. L. NICKERSON, M.D.,
P. R. BLODGETT, M.D.,
F. E. BIHSS, M.D.,
D. B. POND, M.D.,
RALPH McREYNOLDS, M.D.,
Committee on Professional Demeanor.

REPORT OF THE COMMITTEE ON MEDICAL EDUCATION AND HOSPITALS

To the Members of The House of Delegates:

The General Hospital Situation

An excellent report on hospital service in the United States has just appeared in the Journal of the American Medical Association (133:1065, April 12, 1947).

In the country as a whole the number of hospital beds in registered hospitals in 1946 as compared with 1945, dropped from 1,738,944 to 1,468,714 and the number of admissions from 16,257,402 to 15,153,452. The average daily census dropped from 1,405,247 to 1,259,454. The reduction in the average census represents a decrease of total patient days from 512,915,155 to 452,400,710. This reduction was caused largely by the reduction in the number of military hospitals. The 1946 survey of the American Medical Association covered a total of 6,280 hospitals including all civilian hospitals registered by the American Medical Association and hospitals of the Army, Navy, U. S. Public Health Service, Veterans Administration and other federal agencies.

From 1909 to 1946 the number of hospitals in the United States increased from 4,350 to 6,280 and the bed capacity from 421,065 to 1,468,714. In 1946 in the State of Illinois there were a total of 81 government hospitals including federal, state, county, city, and city-county institutions with a total bed capacity of 70,159 and 634 bassinets. A total of 227,142 patients were admitted to these hospitals during the year and the average census was 63,035. During the same year there were 236 non-governmental hospitals with a bed capacity of 26,911 and 4,674 bassinets. During the year 722,323 patients were admitted to these hospitals and

the average census was 22,016. The number of beds in governmental hospitals increased slightly during the year.

Although most hospitals have delayed building programs because of the cost of construction most hospitals throughout the state have had long waiting lists and in some instances the number of patients on the waiting list had been as large as the number of beds in the hospital. During the depression in the early 30's many of the hospitals had a large number of vacant beds. There are various reasons for the great increase in the number of patients admitted to hospitals at the present time including, 1) improvement of the general economic status of the population, 2) a great increase in the number of patients carrying hospital insurance, 3) an increasing tendency toward hospitalizing patients who were formerly cared for at home or in doctors' offices. The single most important factor appears to be the widespread use of hospital insurance. Many patients who formerly would not have been able to afford hospitalization may now avail themselves of this opportunity without worrying about the cost. This development has been both good and bad because in many instances patients are admitted to hospitals who could be cared for just as well in a doctor's office. This rather wholesale use of hospital insurance has resulted in an increase in cost to the subscriber of various plans for hospital care.

The Growing Importance of The Hospital in Medical Practice

As the shortage of hospital beds has become more and more acute hospitals have become more and more particular about the physicians they admit to their staffs. They have shown an increasing tendency to scrutinize more and more carefully the work of all physicians on their staffs. This development is a desirable one as long as it does not go to the point where it interferes with the liberty of the individual physician. Most hospitals of any size carry on weekly staff conferences of one sort or another which play a very important role in keeping the members of the staff on their toes. One very desirable development is the increasing number of necropsies being performed in most hospitals. It is only at the autopsy table that the physician has the opportunity to determine definitely whether or not his diagnosis has been correct and every effort should be made to increase the number of autopsies.

The demand for residencies in various fields of medicine has increased tremendously and this development has been brought about largely by the desire of physicians to qualify themselves for examination by the various specialty boards. There are a number of hospitals throughout the state which have a large number of well-qualified and certified men on their staffs and many of these hospitals could probably set up residencies that would qualify for the approval for graduate training by the American Medical Association. This organization makes a definite distinction between residencies and mixed residencies. A residency as conceived by the A.M.A. is designed for training in a special field of medicine whereas a mixed residency represents merely a continuation of the internship. There is some tendency for medical practice to become centered about hospitals and perhaps in the future we shall see the development of buildings for doctors' offices in close association with hospitals. However, there will always remain urban and rural areas in which problems that arise can be dealt with only by the individual physician who is able to see patients in their homes.

The Problem of the General Practitioner

The general practitioner is the forgotten man in medicine. There are 20,000 certified specialists in the United States and 100,000 general practitioners. The development of various specialty boards has been an important forward step in American medicine and is a good example of how medicine, under a system of free enterprise, has voluntarily raised its own standards. However, in all this development of specialty boards very little has been done about the general practitioner. In many instances he finds that the only way in which he can get patients into a hospital is to have them admitted on the service of some specialist on the staff. This problem has been solved in some hospitals by creating a department of general practice to which well qualified general practitioners are admitted. They have their own representative on the executive committee of the staff and therefore a voice in the management of the hospital.

The American Medical Association is now giving serious consideration to this problem. It is generally felt that something must be done to elevate the status of the general practitioner. We must decide what a general practitioner is, whether or not there should be a certifying board for the general practitioner and what type of training is best suited to his needs. Some universities are giving consideration to special types of internships and residencies for physicians who plan to enter general practice. The general practitioner is the backbone of medical practice and he must be given the status in the profession to which he is entitled. He is a specialist in his own field just as much as the internist or the surgeon.

Group Practice

Group practice is developing rapidly all over the United States. This would appear to be a desirable development particularly in smaller communities. In a clinic composed of many well qualified physicians a patient may quickly secure an opinion on any problem in most fields of medicine. In such a clinic physicians feel free to refer patients to one another and thereby derive the benefit of each other's experience. It is easier for a physician to attend medical meetings because his practice can be handled by other physicians in the clinic while he is away. However, in all group practice there is one thing that must not be disturbed and that is the relationship that exists between the patient and his own physician. The problems presented by most patients are handled best when they are managed by one physician who directs the treatment and determines what type of consultant service is necessary.

Nursing Care

During the war a very acute shortage of nurses developed which still exists. The nurses who went into military service were later loath to return to duty in the hospitals in which they formerly served. They preferred other types of nursing service such as industrial nursing, school nursing, working in doctors' offices, etc. As the number of patients in hospitals increased the ratio of nurses to patients gradually dropped. The number of young women in nurses' training has dropped tremendously and most of the nursing schools are having great difficulty in getting enough pupils to carry on their nursing education. Various reasons have been advanced for the shortage of nurses, the most important of which appears to be economic in nature. Nurses have received inadequate remuneration in the light of their training and the long hours of hard work which have been required of them. It seems probable that the nursing shortage will not be made up until the economic problem is satisfactorily solved. In most hospitals adequate provision is not made for the advancement of nurses and many of them in important positions who have been with the hospitals for many years make very little more than recent graduates.

The Medical School Situation

There are four approved medical schools in Illinois and one unapproved school, all of them in the city of Chicago. The Council of the Illinois State Medical Society is very much interested in improving the standards of medical education in Illinois and asked the Committee on Medical Education and Hospitals to look into the Chicago Medical School situation. This was done and on February 5th the following letter was sent to Dr. Walter Stevenson, Chairman of the Council of the Illinois State Medical Society:

"On Monday, February 3rd, I had lunch with Mr. Lester N. Selig, Chairman of the Board of Trustees, and Dr. John J. Sheinin, Dean, Chicago Medical School. Before doing so I talked with Victor Johnson, secretary of the committee on medical education at the A.M.A. Johnson told me that several good men were behind the school and it appeared as if they might have enough money in sight to become an approved school.

Mr. Selig and Dr. Sheinin told me that they already have $750,000.00 pledged and expect to have $1,000,000.00 in a short time which will be spent at the rate of $200,000,000 per year for five years. This amount of money, together with their fees—approximately $165,000 per year—will give them enough money to increase salaries and strengthen their faculty sufficiently to become an approved school. It was their opinion that the school would be approved by October, 1947.

"Dr. Johnson was not so optimistic. He told me that the mere fact that the money was available did not mean that the school would be approved. Approval will come only after the changes recommended have been carried out. If the school is approved it will be easier for them to secure more desirable hospital affiliations. They already have some sort of working arrangement with the Illinois Masonic Hospital and arrangements with Mount Sinai and Provident Hospitals are pending. I told Mr. Selig and Dr. Sheinin that it was the opinion of the Council of the Illinois State Medical Society that the state law should be amended so that graduates of an unapproved school would not be allowed to practice medicine. Both agreed that the law should be amended in this manner. They also both agreed to appear before the Council if the Council cares to have them do so. Dr. Sheinin said he would prepare a statement covering the situation in a general way and have it in my hands by Friday, February 7th.

"It seems to me that the only sensible thing to do would be for the Council to go ahead with plans to have the state law amended so that graduates of unapproved schools cannot practice. In the meantime, I think the Chicago Medical School should be urged to improve its status.

"I shall be glad to appear before the Council if you wish to have me do so and shall also be glad to ask Dr. Selig and Dr. Sheinin to be there at the same time."

On February 21st, 1947, the following letter was written to Dr. John J. Sheinin, Dean of the Chicago Medical School, requesting information concerning the Chicago Medical School:

"This letter will confirm my conversation with you and Mr. Selig at a recent lunch in the International Room of the Drake Hotel.

"The Council of the Illinois State Medical Society is very much interested in raising the standards of medical education throughout the State of Illinois and I have been asked to report to them on the status of the Chicago Medical School. I wonder if you would be good enough to send me an outline of your plans for the school, in which I wish you would incorporate the following information:

"1. How soon will you be able to get enough money to make the changes necessary to have the school approved?

"2. How long, in your opinion, will it be before these changes will be made?

"3. How long, in your opinion, will it be before the school is approved?

"4. What clinical facilities do you have for teaching students?

"5. What hospitals are affiliated with your school and what hospital affiliations are contemplated?

"6. Will you please send me your catalogue and indicate how many men in each of your departments are certified in their own specialties?

"7. Will you please send me, if possible, a list of contributions to medical literature by your faculty during the past five years?

"I have been requested to report to the Council at the March meeting."

On March 6th Dr. Sheinin made the following reply to this letter:

"The following information is submitted in compliance with your request of February 21, 1947, relative to the Chicago Medical School:

"1. In reference to securing the necessary funds, it is my belief that, barring unforseen conditions, we

should have such funds subscribed to within the next year.

"2. There will be relatively little elapsed time between the completion of the fund raising campaign and the changes in the academic structure.

"3. I believe the question about the length of time before the School is approved should be answered by the accrediting bodies and I suggest that you make inquiry of Dr. Victor Johnson, Secretary of the Council on Medical Education of the American Medical Association, and Dr. Fred C. Zapffe, Secretary of the Association of American Medical Colleges, about the present status of the School. It is my personal opinion that this is a matter of the near future.

"4. Our clinical teaching is carried on in the following hospitals:

a. Cook County Hospital—medicine, surgery, tuberculosis, gynecology, orthopedic surgery, neurology, pediatrics, ear, nose and throat, and pathology.

b. Illinois Masonic Hospital—medicine, surgery, and obstetrics.

c. Municipal Contagious Hospital—contagious diseases.

d. Chicago State Hospital—obstetrics.

e. South Shore Hospital—obstetrics.

f. South Chicago Community Hospital—obstetrics.

g. Oak Forest Hospital-medicine, surgery, and tuberculosis.

h. Chicago Medical Clinic—dispensary, all specialties.

"5. Conditional upon approval by the accrediting bodies, academic affiliations will be established with Mt. Sinai Hospital (already mentioned by Staff and Board) and Illinois Masonic Hospital, and possibly Michael Reese, Provident, and Franklin Boulevard Hospitals.

"6. Our 1945-46 catalogue is in press and I am therefore enclosing a 1944-45 catalogue. At the present time our clinical faculty holds twenty-one specially board certificates in the following fields: Medicine, Orthopedic Surgery, Gynecology and Obstetrics, Otolaryngology, Dermatology, Urology, Ophthalmology, Radiology, Pediatrics, Neurology, Psychiatry.

"Twenty full-time members of the pre-clinical staff are either certified by the Board of Pathology or belong to the national societies of the basic sciences, such as the American Association of Anatomists, American Chemical Society, American Society of Bio-Chemists, American Association of Pathologists and Bacteriologists, American Public Health Association, Society of American Bacteriologists, American Society of Clinical Pathologists, American Physiological Society, American Society for Experimental Biology and Medicine.

"7. The lack of sufficient time, at this moment, makes it impossible for me to send you a detailed list of the publications of our staff members during the past five years. However, I may say that although over sixty members of our staff were in government service during World War II, a substantial amount of investigative work was published by our staff; in all, 178 publications and 4 books. In addition, I wish to point out that at the annual meetings of the associations of the basic sciences, our School is well represented, both in attendance as well as in the presentation of investigative work."

On March 9th the Committee on Medical Education and Hospitals made the following report to the Council of the Illinois State Medical Society:

"The Committee was asked by the Council of the Illinois State Medical Society to investigate the status of the Chicago Medical School. It was asked in particular to determine whether or not it is likely that the school will be approved in the near future and to make recommendations concerning the desirability of trying to have the state law on licensure amended so that a graduate of an unapproved medical school cannot be licensed to practice medicine in the State of Illinois. It is the opinion of the committee that these two matters should be dealt with separately and that the question of amending the state law should be dealt with on its own merits and not in connection with the Chicago Medical School.

"The Chicago Medical School. At the February 9th meeting of the Council I reported that I had had lunch with Dr. John J. Sheinin, Dean of the Chicago Medical School, and Mr. Lester N. Selig, Chairman of the Board of Trustees of this School. In a letter to Dr. Stevenson, Chairman of the Council, I have already given a summary of the conversation at this luncheon. At this luncheon I requested Dr. Sheinin to prepare a report for me covering the various matters which we had discussed. A short time after the last Council meeting Dr. Sheinin met me at a meeting in the Palmer House and asked me to put my request in writing. I am enclosing a copy of the letter which I sent to Dr. Sheinin as a result of his request and also a copy of the letter which has just been received from Dr. Sheinin in response to my letter.

"On March 8th the matter was discussed with Dr. Victor Johnson who is of the opinion that the school has made definite progress in the last two years and particularly in the last year and that, under the chairmanship of Mr. Selig, the Board of Trustees has been greatly strengthened and is in a much better position to raise money. He informed me that the Council on Medical Education and Hospitals of the American Medical Association plans to inspect the school in the near future to see whether or not it has improved sufficiently to justify approval. He cannot make any statement at present as to whether he thinks the school will be approved or not but there is a possibility that it may be and because of this fact it might be well to delay consideration of the Chicago Medical School situation until it has been inspected by the Council on Medical Education and Hospitals of the American Medical Association.

"So far as the Council is concerned it would seem highly desirable to offer the Chicago Medical School every assistance in the matter of securing approval, because this seems to be the only logical solution to the problem.

"It is the Committee's recommendation that the Council, or the Committee with the approval of the

Council, should inform the Dean and Chairman of the Board of Trustees of the Chicago Medical School that the Council is strongly of the opinion that there should not be any unapproved schools in the State of Illinois and that it is very anxious to assist the Chicago Medical School in every way to improve itself sufficiently to warrant approval by the American Medical Association. This letter might also state that it is the opinion of the Council that the state law on licensure should be amended so that graduates of an unapproved school cannot be licensed in the State of Illinois. It should be made very clear, however, that this amendment is not directed at the Chicago Medical School as such but is designed to improve the quality of medical education in the state.

"Amendment of the Law on Licensure. It is the opinion of the Committee that it would be highly desirable that the state laws on licensure be amended so that graduates of an unapproved school cannot be licensed to practice medicine in the State of Illinois. Illinois at the present time is the only state in which there is an unapproved school and is the only state in which graduates of unapproved schools can now be licensed to practice medicine.

"There are a few states in which graduates of a college of osteopathy may take the state examination in medicine and if they pass it may practice medicine in the state. In view of the fact that we are making every effort to make Chicago the medical center of the world it is very important that we should do everything possible to raise the standards of medical education in this state.

"The Committee is therefore strongly of the opinion that the Council should help in every way to have the state law amended as outlined."

This report was unanimously approved by the Council. It is felt that this is an important step in the medical school situation in Illinois and the Committee hopes that the time is not far distant when all the medical schools in the state will be approved schools.

The Development of Facilities for the Continuing Education of Physicians

One of the most important phases of medical education is graduate and postgraduate training. Every effort should be made to develop facilities which will make it possible for every physician who cares to do so to keep himself constantly up to date in the field of medicine in which he is practicing.

Many important developments have already been made along this line. Clinical conferences have been developed by medical societies all over the country. The Illinois State Medical Society has designed its annual meeting primarily for the general practitioner although some time is still devoted to the specialties. The State Medical Society also conducts short intensive postgraduate courses of one day's duration in various strategic areas throughout the state. These are very popular and present an important development in the service of the State Society to the profession. The Chicago Medical Society has established the annual clinical conference which represents an intensive postgraduate course for the general practitioner. The attendance at these conferences is rapidly growing. The Chicago Medical Society also plans to develop a short intensive postgraduate course in various special fields of medicine such as cardiology, gastro-enterology, endocrinology, etc., of one of two weeks' duration. It is felt that these courses will be of value not only to the general practitioner but also to men interested in various special fields of medicine.

The state and county societies are very proper agencies to conduct this type of training. The medical schools are more interested in long term periods of training such as those represented by residencies and fellowships. It may be desirable to devise some means of giving physicians credit for attending such courses particularly those engaged in fields of general practice.

Respectfully submitted,

W. O. THOMPSON, M.D.
Chairman,

H. O. MUNSON, M.D.,
W. R. MARSHALL, M.D.,
Committee on Medical Education and Hospitals.

DR. W. O. THOMPSON: There are one or two things that might be added to the report that already appears in the booklet which you have.

The Committee on Medical Education and Hospitals was asked by the Council of the Illinois State Medical Society to investigate the Chicago Medical School. It was the feeling of the Council that it is very important to do everything that can be done to raise the standards of medical education in the State of Illinois because of the desire of most people to make Chicago the leading medical center and there does happen to be one unapproved school here. You will find a detailed report from the Committee in the booklet. I should like to point out two things, that the Committee feels very strongly that the best solution to the Chicago Medical School situation is to urge and help the Chicago Medical School in every way possible to become approved. There is plenty of room for another approved medical school in Chicago. It was also the feeling of the Committee that the Council should do everything possible to have the state law on licensure amended so that graduates of unapproved schools could not take the examination to practice medicine in the State of Illinois. This has nothing to do with the Chicago Medical School and it is not designed as an attack on the Chicago Medical School; it is merely a step in the direction of raising the standards of medical practice. The Chicago Medical School was inspected last week by the A.M.A. but no report can be made until after the meeting of the Council on Medical Education and Hospitals of the A.M.A. which will be held on June 7.

The problem of the general practitioner is a very serious one, in fact, one of the most important problems of the day. There are various points of view on this problem. The Committee has made some comment in its report. There has been a feeling on the part of some people that a separate Board for general

practitioners should be set up; that they should be called by a different name, "general physicians". Regardless of what is done it is extremely important that the general practitioner be restored to his true status in the profession because the general physician is the backbone of the medical profession. If we set up a Board for certifying general practitioners, then who will the doctors be who are not certified general practitioners? It seems to me that there are a great many problems that must be given the most serious consideration before any action is taken to set up a certifying Board. It is very important that we set up some examination for arriving at the status of the general practitioner. One of the most serious aspects of this problem in some areas is the appointment to staffs of hospitals. In many instances it is necessary for a general practitioner to have patients admitted to the hospital to have them admitted in the name of a staff member. This is very unfair. Some hospitals have taken a step in the right direction by setting up a department of general practice. This department has a representative on the hospital staff.

Along these lines there is one other matter which might be called to the attention of the House, that is the matter of dropping physicians from hospital staffs all over the country. In many instances physicians who have rendered important service or faithful service for periods of twenty years have been dropped from staffs without any reason being given, and the Committee would like to move that the House of Delegates go on record as deploring the practice of some hospitals of dropping men from their staffs who have given long years of service without adequate explanation. (Motion seconded by Dr. Charles Roth, Chicago, and carried).

REPORT OF THE COMMITTEE ON MEDICAL BENEVOLENCE

To the Members of The House of Delegates:

This Committee has continued its efforts along the line specified in our Constitution and By-Laws. Since its establishment it has sought out and rendered useful aid to many of our brethren and their dependents who were in need. At its November meeting the Council authorized the establishment by subscription of a trust fund of sufficient size, that when invested the interest would care for all the needs of those in financial straits.

Our Medical Society is a proud organization, and justly so; it is proud of the quality of its members, proud of its achievements individually and collectively, and proud of its ability to care for its own needy members. The State Society now numbers almost 10,000; with an average donation of fifty dollars over the next three years, the Council aim could easily be accomplished.

The Illinois Medical Journal has carried articles in its editorial pages explaining plans in detail, letters have been sent to every member of the Society with excellent results to date. It is planned to make a careful check on receipts so that everyone will have the opportunity and privilege to make his contribution. The Committee is now recommending that the By-Laws be amended so that there may be a liberal increase in the maximum benefits provided. It is hoped that each member of this Society will contribute to the Medical Benevolence Fund, sending the check to the Secretary, who will promptly send an acknowledgement by mail.

Respectfully submitted,

OSCAR HAWKINSON, M.D.,
Chairman,
CHARLES H. HULICK, M.D.,
HAROLD M. CAMP, M.D.,
Secretary,
Committee on Medical Benevolence.

DR. OSCAR HAWKINSON: A few months ago the Council decided that we would try to provide a large sum of money, the interest on which would be used to take care of those of our members who were in actual need. You have read the announcements in your Journal. We have to date received about $5,000 for this fund. Only the interest on this fund will be used. We have thought that some time we might have $100,000 or $200,000. One member of the Council told us that when we reached $100,000 he would contribute an even $1,000. We received money from various sources, the other day $50 from California. It is hoped that this fund will grow to a size where we can take care of the men in need. At this time we are giving a maximum of $30.00 a month. There will be a resolution introduced to increase this to $40.00 or $50.00. There are many of our members who could contribute $1,000, which is deductible from income tax. There is a booth in the exhibit hall where you can sign up for contributions.

REPORT OF THE COMMITTEE ON ARCHIVES

To the Members of The House of Delegates:

During the past year the Committee has concerned itself, chiefly, in working out a plan with the Illinois State Historical Library at Springfield, Illinois, for a permanent and safe depository for the collection of pictures of physicians gotten together by your committee. Under the secretaryship of Dr. Carl E. Black a tentative arrangement had been made with the Historical Library to receive and store the picture collection together with such biographical data as was then available.

The Committee wishes to thank Mr. J. Monaghan, Historian of the Illinois State Historical Library, for his interest in our collection as a part of the permanent record, catalogued and filed, in this library.

The Council has agreed to purchase metal files and to pay the expense of cataloguing the collection. This work is now well under way. A summary of the contents of the collection is not available at this time.

The office of the Secretary of the Illinois State Medical Society has collected many more pictures of recent members of the profession. A "historical data

form" has been adopted with the approval of Mr. J. Monaghan. It is the hope of the committee that each new picture added to the Historical Library Collection be accompanied by this form filled in as completely as possible.

Respectfully submitted,
D. D. MONROE, M.D.
Chairman,
E. H. WELD, M.D.,
ELLSWORTH BLACK, M. D.
Secretary,
Committee on Archives.

REPORTS OF COUNCIL COMMITTEES

REPORT OF THE EDUCATIONAL COMMITTEE

To the Members of The House of Delegates:

The most significant change in the operation of the Educational Committee was the resignation, effective September 30, of Miss Jean McArthur. The success of this committee is due largely to her able and sincere efforts during the nineteen years tenure as Secretary.

When Miss McArthur left her position, she had fulfilled most of the requests for speakers that were on file. During the two months the office of Secretary was vacant, Mrs. Kathryn Simmons carried on the services of the Educational Committee in splendid fashion. It is desired that the thanks of the members of the Committee are herewith made public to Mrs. Simmons for her efficient efforts.

Miss Ann Fox, formerly News Editor, The Journal of the American Medical Association, officially took over the duties of Secretary, December 16.

During the past year, the Educational Committee has cooperated with various organizations in furnishing speakers. Among those served were Parent-Teacher groups, women's clubs, student assemblies, men's clubs, and woman's auxiliaries to county medical societies. Every speaking engagement was fulfilled. In rare instances, when a definite commitment had to be cancelled another speaker was obtained on short notice. This indicates the spirit of physicians who cooperate in the dissemination of good health education by appearing before lay and other groups.

Health Talk, an educational medium, made its appearance in December, supplementing the release that was formerly distributed under the title "Do You Know?" Health Talk is mailed weekly to some 400 papers and house organs and monthly to individuals, lay groups and some 1,000 schools. The complete mailing list of the Educational Committee is approximately 4,900. Telephone calls and letters received in the Office of the Committee revealed approval for the change in presentation of this educational material. One negative thought, however, was exposed in the following excerpt taken from the letter of a farm adviser: "No doubt the health talk series will be just as effective, although we have appreciated the other form."

The Committee has continued the mailing of package library material on popular health subjects and an effort has been made to keep the files alive with new and up-to-date material. Letters have been sent to many national and local organizations to obtain pamphlet material and reprints.

The Office of the Educational Committee has served many secretaries and program chairmen of county medical societies by mimeographing and mailing out hundreds of notices of meetings. In addition, it has assisted various committees in projecting their activities. In all instances the expense has been assumed by the Educational Committee.

The Secretary has visited and talked with many individuals working in similar capacities in allied organizations, hoping in this way to stimulate interest in and further the cooperation of the Committee. Organizations represented included Parent-Teacher Associations, Council of Social Agencies, Chicago Heart Association, Chicago-Cook County Committee for the Eradication of Tuberculosis, Industrial Editors Association of Chicago, Chicago Guidance and Personnel Association, National Conference on Rural Health, National Conference on Medical Service and the Illinois Department of Public Health.

The Secretary has also undertaken a revision of the news pages of the Illinois Medical Journal and an attempt will be made to build up and encourage the reporting of news by secretaries and program chairmen, individual physicians and publicity departments of Medical schools and allied organizations.

Members of the Educational Committee and the Committee on Medical Service and Public Relations worked out a program whereby a definite policy could be established for the annual Summer Round-Up of the Parent-Teacher Association. Dr. George L. Drennan, in charge of a subcommittee assigned to this task, is to be particularly commended for his report which resulted in a new subcommittee being appointed to develop a working cooperative arrangement between the County Medical Societies to implement the annual Summer Round-Up of the Illinois Congress of Parents and Teachers. Dr. Charles P. Blair, as chairman, is guiding the activities of this subcommittee.

The responsibility of preparing an exhibit was assumed by the Educational Committee. Cooperation by Mr. James C. Leary, Mr. John Neal, Secretary of the Committee on Medical Service and Public Relations, and Mr. L. E. Malley, Business Manager of the Illinois Medical Journal, resulted in an exhibit which will be educational not only for members of the State Medical Society but also for members of the laity. It is proposed after its display at the annual meeting of the State Medical Society to show it at state and county fairs, meetings of Parent-Teacher Associations as well as any other meeting of women's or men's clubs that may be interested.

The publication of a List of Speakers available for lay groups will be tried this year. In its distribution, stress will be placed on the fact that the speakers must be approached through the Office of the Educational Committee.

The Educational Committee adopted the policy of meeting once a month in conjunction with the Com-

mittee on Medical Service and Public Relations. Much good has been accomplished in these regular meetings. The effort to have at least one member of other committees present has resulted in a mutual appreciation and cooperation in the activities of the Educational Committee and the Committee on Medical Service and Public Relations, two committees whose main functions are to serve the public interests.

Cooperation with Lawrence C. Salter and Associates is expressed in the many conferences held with Mr. Leary and Mr. Salter, both for matters of mutual interest in developing close cooperation in their respective activities, and with persons of other groups to further the interests and scope of the Educational Committee. The Special Features Department of WGN and the National Society for Medical Research were among the groups contacted. At this point, the Secretary wishes to thank Mr. Leary for his assistance and advice.

Appreciation is also expressed to Dr. Berghoff, Dr. Hutton, Dr. Camp, the Councilors, the various members of different committees, Mr. Neal, Mr. Malley and Mrs. Simmons and the many individual physicians who have helped so wholeheartedly in the period of readjustment and shown thereby their confidence in the new Secretary in her wish to serve the Illinois State Medical Society sincerely as well as capably.

Respectfully submitted,

JAMES H. HUTTON, M.D.,
Chairman,

CHARLES P. BLAIR, M.D.
Vice Chairman,

C. PAUL WHITE, M.D.,
FORD K. HICK, M.D.,
GEORGE L. DRENNAN, M.D.,
ANN FOX,
Secretary,
Educational Committee.

REPORT OF THE SCIENTIFIC SERVICE COMMITTEE

To the Members of The House of Delegates:

Since its organization in 1926, the Scientific Service Committee has endeavored to furnish good speakers to the Component County Medical Societies of the Illinois State Medical Society.

In accordance with a policy of several years standing, speakers for scientific meetings have been asked to travel not more than fifty miles whenever possible. Frequently, however, greater distances were involved in furnishing speakers who were offering subjects of particular interest to the areas served. Highly scientific and technical subjects were provided when requested and discussions of general interest were offered whenever practically demanded.

Programs were geared to meet the rapid advances in medicine and the continued success of the activities of the Scientific Service Committee is evidence that the membership at large is appreciative. This service is a boon to busy practitioners of medicine who also assumed their varied responsibilities as president, secretary or program chairman of a county unit.

The thirty-six medical societies requesting this service were: Adams, Bureau, Champaign, Cook, DeKalb, DuPage, Effingham, Franklin, Henry, Jackson, Jefferson, Jersey, Kane, Kankakee, Knox, LaSalle, Lee-Whiteside, Livingston, Macon, Macoupin, Marion, McLean, Monroe, Peoria, Perry, Randolph, Rock Island, Saint Clair, Stephenson, Union, Vermilion, Will-Grundy, Williamson, Winnebago, Iowa and Central Illinois and Southern Illinois Medical Association. Thirty-three counties used the service last year.

Individual notices of these monthly meetings were, in many instances, mimeographed and mailed from the office of the Educational Committee. One hundred and seventy-eight speakers participated in the programs as compared with one hundred forty last year.

One of the most significant projects carried out under the joint auspices of the Scientific Service and Postgraduate Education Committees is the new List of Speakers that is available to county medical societies. The former list, issued prior to World War II, was completely revised and reclassified as of March 1, 1947, through the joint efforts of your Scientific Service Committee and Postgraduate Education Committee and of Miss Ann Fox, Secretary of your Educational Committee. This List has been mailed to the Councilors of the Illinois State Medical Society and secretaries and program chairmen of the 90 component county medical societies and to the secretaries of 47 State Medical Societies and the District of Columbia.

In rendering this report to the House of Delegates, the Scientific Service Committee recommends:

1. An expression of profound appreciation to the members of the medical profession in the 102 counties of Illinois for their cooperation.

2. An expression of gratitude to Jean McArthur and Ann Fox and their associates for invaluable assistance.

3. Continuation of the Scientific Service Committee so that it may satisfy an increasing demand for the type of service rendered.

Respectfully submitted,

ROBERT S. BERGHOFF, M.D.,
Chairman,

LEO P. A. SWEENEY, M.D.,
Vice Chairman,

FREDERICK H. FALLS, M.D.,
WILLIS I. LEWIS, M.D.,
J. ROSCOE MILLER, M.D.,
HARLAN ENGLISH, M.D.,
CHARLES H. HULICK, M.D.,
ANN FOX
Secretary,
Scientific Service Committee.

REPORT OF THE POSTGRADUATE EDUCATION COMMITTEE

To the Members of The House of Delegates:

Ten postgraduate conferences were presented under the sponsorship of the Postgraduate Education Committee of the Illinois State Medical Society, during the past year. Nine speakers each appeared in the programs arranged for Districts 9 and 5 in Benton and Bloomington, April 25 and June 20, respectively. Other conferences included:

District 6, October 10, in Quincy, 6 speakers.
District 1, October 9, in Rockford, 6 speakers.
District 2, October 24, in LaSalle, 7 speakers.
District 11, January 22, in Joliet, 8 speakers.
District 10, April 3, in East St. Louis, 6 speakers.
District 8, April 17, in Mattoon, 8 speakers.
District 4, April 24, in Monmouth, 6 speakers.

The attendance at these Conferences was as follows: Benton, 86; Bloomington, 126; Quincy, 84; Rockford, 136; Decatur, 135; LaSalle, 102; Joliet, 124. The conferences for East St. Louis, Mattoon and Monmouth had not been held at the time this report was prepared. The printing and mailing of hundreds of invitations and the final programs of the meetings were directed by the office of Dr. Harold M. Camp, Secretary of the Illinois State Medical Society.

In 1939, when the Postgraduate Committee was created, the Council authorized four conferences. The enthusiastic response to these conferences is manifested in the authorization by the Council of ten such conferences this past year.

Because of the tremendous value in postgraduate teaching, your Postgraduate Committee recommends to the House of Delegates that these conferences be continued. It further recommends that a minimum of ten conferences, or even more, if deemed practicable, be authorized for the coming year.

While attention has been directed to the List of Speakers in the report of the Committee on Scientific Service, credit is also given here to the wholehearted cooperation of the Postgraduate Education Committee in assisting with the revision of the list. The booklet is a splendid example of the cooperation between the two committees.

Respectfully submitted,

ROBERT S. BERGHOFF, M.D.,
Chairman,

GEORGE A. HELLMUTH, M.D.,
Vice Chairman,

WARREN H. COLE, M.D.,
FRANK DENEEN, M.D.,
F. GARM NORBURY, M.D.,
CHARLES O. LANE, M.D.,
CHARLES P. BLAIR, M.D.,
ANN FOX

Secretary,
Postgraduate Education Committee.

REPORT OF THE MEDICAL ADVISORY COMMITTEE TO THE ILLINOIS PUBLIC AID COMMISSION

To the Members of The House of Delegates:

The Advisory Committee to the Illinois Public Aid Commission has been in active existence since 1940 and it has served a very useful purpose in bringing about a much closer understanding between the Department of Public Assistance and the Medical Profession. The major credit in the work that has been accomplished belongs to the original chairman, Dr. Charles H. Phifer, who organized the committee, practically constructed its policies, and to a very large measure controlled and guided its activities until the summer of 1946. At this time he resigned as Chairman of the committee and could not be persuaded to reconsider. Since the fall of 1946 the committee has been reorganized and has gone on very largely as it had before. It has felt the loss of Dr. Phifer's presence, his knowledge, and experience, but has done the best it could under the circumstances and has the following things to report.

As we started out last fall, a review was made of what the committee had accomplished in the past and this brought out several interesting things. The Committee had, in the preceding years, as one of its major accomplishments the development of the County Medical Society Advisory Committees, which had been developed to a very considerable extent over the downstate area. Wherever these committees have been appointed and where they have accepted medical leadership, it has been found that their responsibilities and their work have increased steadily. It is obvious that communities not only expect but almost demand medical leadership in medical lines and therefore, these groups have been able to work out and solve most of the local problems; not only with the Illinois Public Aid Commission but with many other medical and allied problems in their communities. By doing this on a local basis they have been able to avoid many of the evils of bureaucracy. Your general committee, however, has accomplished some things also. It has, in large part, eliminated the red tape that burdened this program in the beginning. It has been able to arrange with the cooperation of the I. P. A. C. for better collection of medical accounts. It has very definitely increased the quantity and quality of medical service rendered the Public Aid recipients. It has been able to obtain a long overdue increase in surgical fees for these Public Aid recipients and if it is borne in mind that these are of a very low income group who otherwise would be classified as paupers, it has been able to keep these fees at a fairly satisfactory level, much better than most other states working on a similar program. The program has been kept under the supervision of the medical profession which is very important, both from the standpoint of efficiency and quality of the care rendered. It has been noted that the abuses which have had to be corrected have not

been as numerous as had been expected and, while they still constitute a minor problem in some places, in those communities where a strong medical advisory committee has been developed these abuses are kept down to a minimum. The Illinois Public Aid program does not apply completely to Cook County due to a variety of reasons. One of these is the control of the hospitals in Chicago over the care of ward patients, so that in many institutions it is impossible for the doctor to care for a patient he sends into a hospital ward even though he is on the staff of that hospital. Or, if it should be placed on his own service, he is still not allowed to charge for it acording to the regulations of some hospitals.

In addition there is a great variety of organizations in Chicago very interested and very active in some phases of medical charity, which have caused enough interference so that it has been impossible for the Chicago doctors to cooperate with this program. A recent meeting was held with your committee and the Illinois Public Aid Commission representatives and representatives from the Chicago Medical Society were invited to attend with the idea of attempting to at least study some of their problems. It was found that the viewpoint of the two groups was not particularly divergent and that their objectives were the same. Subsequent meetings are planned to discuss the existing problems and if they can be ironed out, this major difficulty may be settled to the benefit of both the profession in Cook County and the public. If this can be settled, the Public Aid recipients of Cook County will no longer be compelled to seek charity wards when they require hospital care, and the doctors of this area will continue to care for these patients on a fee for service basis.

Respectfully submitted,

E. P. COLEMAN, M.D.,
Chairman,

JULIUS HESS, M.D.,
PERCY HOPKINS, M.D.,
EDWIN S. HAMILTON, M.D.,
WALTER STEVENSON, M.D.,
ROBERT BERGHOFF, M.D.,
HAROLD M. CAMP, M.D.

Medical Advisory Committee to Illinois Public Aid Commission.

REPORT OF COMMITTEE ON VOLUNTARY PREPAYMENT PLANS FOR MEDICAL CARE

To the Members of The House of Delegates:

The first meeting of this newly-appointed Committee was held on August 13, 1946, which date followed the special meeting of the House of Delegates of the Illinois State Medical Society at Springfield by approximately two weeks. This Committee has continued to meet whenever necessary to consider matters as they have arisen and to formulate new plans and methods that might implement the sale of insurance contracts which conform to the principles recommended by the Committee and the House of Delegates.

Additional requirements or principles have been established by the Committee that tend further to give added protection or coverage to the subscriber and thus far, three insurance companies whose policies have been approved by the Commissioner of Insurance of the State of Illinois and who have agreed to conform to the principles required by the Committee have been selling these contracts throughout the state. The final draft of new requirements by the Committee plus those laid down by the House of Delegates at Springfield and the subsequent drafting of new contracts to conform to these requirements as interpreted by the Committee and their subsequent submission to the Commissioner of Insurance at Springfield has resulted in an undesirable delay in offering these contracts to the public but it is felt that this obstacle has now been overcome and the Illinois Plan is actually in operation. This delay has been unavoidable as it was not until about February 1 of this year that the final details were arranged so that the insurance companies were given authority to proceed with the sale of these contracts as having been approved by the Illinois State Medical Society. Since that time, more than 6,000 policies have been sold and at the date of writing this report (April 1) it is predicted and hoped that the sale of these contracts will be markedly accelerated from this time onward. One of the reasons for this statement is the fact that one of the larger broadcasting stations is being utilized in disseminating advertising for one of the insurance companies and another reason is the fact that the companies are just now beginning to concentrate on this particular project. Incidentally, the Committee retains the right to and actually does censor all advertising matter including radio script before it is offered to the public.

The Committee has been fortunate in securing the services of an experienced and able insurance man to advise them in regard to technical matters having to do with these problems. He has no personal interest in any insurance company and is actively engaged in a position of trust and responsibility in the insurance field. The Committee is deeply grateful to him for his services and hopes to keep him interested in the project so that they may continue to profit from his advice and criticism.

Members of the Committee have had several conferences with members and representatives of the Council on Medical Service of the American Medical Association in order that the efforts of the Committee might be directed along proper channels. At these meetings a feeling of cooperation and mutual understanding has been manifest and the Committee is most grateful to these men. The Council on Medical Service of the American Medical Association may not grant the use of its seal of approval until after a plan has been put in operation for at least six months and then only if the plan meets with the minimum requirements laid down by that body. The proposed literature and pamphlets to be issued by the Illinois State Medical Society

in connection with the Illinois Plan have been submitted to the Council on Medical Service of the American Medical Association for its approval and it is hoped that this approval may be forthcoming as it is the belief of the Committee that the Illinois Plan conforms to all of the requirements laid down by that body. This seal of approval may be used on the literature of the State Society or more specifically, its plan, but never on any material gotten out by an insurance company.

The Committee was represented at a meeting of the Associated Medical Care Plans held in Chicago in October, 1946 over a two-day period. Much interesting and useful information was derived from this meeting. The Associated Medical Care Plans is entirely a separate organization intended to correlate and promote the various prepayment plans in existence throughout the United States and Canada. Its seal of approval may not be obtained for a plan without that plan first having obtained the approval of the Council on Medical Service of the American Medical Association.

Under arrangements now prescribed by the Committee, any interested insurance companies are able to acquire information regarding the requirements of the Illinois Plan and the principles to which they are expected to adhere, either from the Secretary of the Society in Monmouth or at the Society office in Chicago. After this information has been given out, an interview is usually arranged with the Secretary, at which time further information may be given to the company and it then can submit its proposed contract for consideration by the Committee. This manner of procedure saves much time for the members of the Committee and removes to a very great extent the factor of personal equation and makes it a matter of Illinois State Medical Society business. The Assistant to the Secretary has been kind enough to take on the added task of attending the meetings of this Committee and furnishing the minutes for which we are very grateful. The valuable services of Mr. John Neal, the Executive Secretary of the Society's Committee on Medical Service and Public Relations have been utilized in many conferences as well as at the Committee meetings. James Leary, Public Relations Counsel has contributed much in preparing the material for submission to the Council on Medical Service of the American Medical Association. Our ability to provide and disseminate accurate and attractive information as to the availability of this type of protection will be of great value in causing the coverage of a considerable proportion of the population of this state. The dissemination of this type of honest information, the Committee feels to be a major objective of the Illinois State Medical Society.

The Committee has decided that a uniform approval be issued to companies to be used in all printed matter; a legend which will explain "approved by the Illinois State Medical Society." Following the statement that "This policy is approved by the Illinois State Medical Society" a statement to the effect that "This company (or insurance company) is a participant in the Illinois Plan of Prepaid Medical Care of the Illinois State Medical Society. This medical and surgical expense policy conforms to the standards established by the Society for participation in the Illinois Plan."

The Insurance Laws of the state are now interpreted so as to require that a copy of the application for insurance be attached to each policy. This will entail additional expense for the insurance company if this ruling remains in force and it is hoped that the interpretation will be altered or that the Legislature will change the Insurance Code so that the expense of making photostatic copies of these applications will be eliminated as in the end, the cost of this requirement would have to be borne by the insured and would have to be added to the cost of the policy.

Wisconsin, Connecticut, Minnesota, South Dakota and Tennessee now have or soon will have, in operation, plans for the prepayment of medical expense provided by commercial carriers and supervised by the State Society. Rhode Island and Arkansas are now considering utilization of insurance carriers to affect their prepayment insurance programs.

Representatives of the Committee have appeared at the recent Postgraduate meetings of the State Society at Mattoon and Joliet in an effort to acquaint the membership with the details and principles of the Illinois Plan. It would appear that the membership is kindly disposed to accept this plan and approves of it, when and where it has been explained or disclosed to them.

The Committee has received proposals from a few insurance companies recently that do not conform to the present requirements established by the Committee and the House of Delegates. Some of these proposed contracts offer attractive propositions which the Committee is seriously exploring and upon which it will report at a later date.

It is honestly believed by the members of the Committee that a beginning has actually been made toward providing protection for those in need of this type of prepaid medical coverage even if the progress has been slow and that henceforth the enrollment of the public in this project will proceed at a much more rapid rate.

In view of the change in the economic situation that has occurred, it is recommended that the principles regarding the return of premium to the policyholder, the auditing of the company's books and records, be left to the judgment and discretion of the Committee.

Respectfully submitted,

PERCY E. HOPKINS, M.D.,
Chairman,
E. G. QUATTLEBAUM, JR., M.D.
DAVID B. FREEMAN, M.D.,
CHARLES P. BLAIR, M.D.,
E. S. HAMILTON, M.D.,
HAROLD MILLER, M.D.,
WARREN W. FUREY, M.D.,
Ex Officio:
ROBERT S. BERGHOFF, M.D.,
President,
WALTER STEVENSON, M.D.,
Chairman of the Council,

HAROLD M. CAMP, M.D.,
Secretary.
Committee on Prepayment Plans for Medical and Surgical Care.

DR. P. E. HOPKINS; Copies of the descriptive literature of the Illinois Plan which has been submitted to the Council on Medical Service of the American Medical Association are available to the members of the House of Delegates. This material, which bears the benefit of inspection and censorship by representatives of the Council on Medical Service of the American Medical Association is being gotten up in the form of a brochure but difficulties in printing, etc., over which the Committee have no control, make it impossible to provide other than the printed matter at this time.

Information regarding the Illinois Plan has been provided the Council on Medical Service of the American Medical Association for publication in its booklet of medical care plans to be distributed at the June meeting of the House of Delegates in Atlantic City.

The Committee respectfully recommends to the House of Delegates the advisability of including additional types of contracts or coverage as a part of the Illinois Plan. Under the present plan, only one basic plan providing medical, surgical and obstetrical coverage in the home, office and hospital is offered. It is felt by the Committee that additional types of contracts might be approved which would provide indemnity for:

1. Surgical and obstetrical care in the home, office and hospital, for the entire family.
2. Surgical and obstetrical care in the home, office and hospital plus medical care in the hospital for the entire family.
3. Surgical and obstetrical care in the home, office and hospital plus medical care for the employed person in the home, office or hospital.

In this connection it can be stated that several "Old Line" Insurance companies have been contacted and invited to submit proposed contracts providing the coverage just above outlined. The Committee is firmly convinced that the premiums to be charged for these various types of contracts should be suggested by the Insurance companies.

The latest and most accurate information available is to the effect that about 6000 policies conforming to the principles in effect under the Illinois Plan had been sold up to May 1st, 1947.

REPORT OF THE MATERNAL WELFARE COMMITTEE

To the Members of The House of Delegates:

The Maternal Welfare Committee has had as its chief objective the organization of the men interested in obstetrics and gynecology in the state who are located outside of Cook County for the most part. It was felt that bringing these men together for the purpose of discussing various obstetrical subjects would permit an exchange of ideas and experiences which would be helpful in solving many of the problems of maternal welfare in the state.

The Committee has met three times, has organized the Illinois State Obstetrical and Gynecological Society, has elected officers and will hold its first scientific program at a meeting on Sunday, May 11, preceding the state meeting.

A Maternal Welfare Committee luncheon will be sponsored this year by the State Department of Public Health at which a program will be presented dealing with the cooperation between the Maternal Welfare Committee and the Illinois State Department of Public Health in the solution of maternal welfare problems in the state.

It is planned to have a summer meeting of the Illinois State Obstetrical and Gynecological Society some time in August which will be scientific and partly recreational. A third meeting will be held in the fall in Chicago at one of the teaching institutions where a clinical program will be presented.

The Committee has discussed the EMIC program and the proposed Pepper legislation but neither of these subjects seem to need special consideration at this time.

The usual cordial relationship between the Director of the Illinois Department of Public Health and the Maternal Welfare Committee has been maintained.

Respectfully submitted,
F. H. FALLS, M.D.,
Chairman,
A. B. OWEN, M.D.,
J. T. O'NEILL, M.D.,
W. R. YOUNG, M.D.,
R. R. LOAR, M.D.,
M. E. BITTER, M.D.,
LEE O. FRECH, M.D.,
CARL GREENSTEIN, M.D.,
WILLIS I. LEWIS, M.D.,
W. J. CROTTY, M.D.,
JAMES C. CAREY, M.D.,
Maternal Welfare Committee.

REPORT OF THE COMMITTEE ON ETHICAL RELATIONS

To the Members of The House of Delegates:

Again it is our pleasure to report that the work of our Ethical Relations Committee has been practically nil for the past year. There have been no particular problems referred to the committee and no stated meetings have been held. The few minor problems which have occurred have been handled by consultation with one or two other members of the committee; therefore, at this time we have no official report to make.

Respectfully submitted,
E. S. HAMILTON, M.D.,
Chairman,
C. H. PHIFER, M.D.,
G. HENRY MUNDT, M.D.,
Ethical Relations Committee.

REPORT OF THE VETERANS SERVICE COMMITTEE

To the Members of The House of Delegates:

The Veterans' Service Committee activities, during the past year, have consisted of keeping in touch with the difficulties encountered by physicians upon their return from military service to resume a civilian status. These problems have consisted in the main of housing, transportation and suitable office space. These problems were mostly of a personal nature and were handled by the physician himself. The return of the service physician to his former hospital staff status offered spotty difficulty throughout the state but was considered a problem between the individual physician and the hospital administration.

The Veterans' Service Committee met at the Palmer House, Chicago, March 5, to discuss, among other things, arrangements for the annual Veterans' Dinner, to be held May 12. Col. William S. Stone of the Surgeon General's Office, U. S. Army, will be introduced by Dr. George F. Lull, Secretary and General Manager of the American Medical Association. Colonel Stone's address will be entitled, "Army Medical Problems in the National Defense Program." Dr. Andrew C. Ivy, Vice President in charge of the Chicago Professional Colleges, University of Illinois, will be introduced by Dr. M. Herbert Barker. Dr. Ivy will discuss, "The Attitudes of the Nazi-SS Physicians."

Inasmuch as there is some criticism of the administrative machinery of the Veterans' Administration regarding the private care of eligible veterans, it was determined that constructive criticism be solicited from the participating veteran physicians. This survey is continuing. It is hoped that the majority of participating veteran physicians will reply in a constructive manner at an early date, directing their replies to this Committee through the secretary of their respective county medical societies.

This Committee is studying the problems of the dependents of the physicians who died in service in an effort to determine if this Committee can be of any continuing service to the dependents. While no official figure has been obtained on the number of Illinois physicians who died in service, the notices published in the obituary columns of The Journal of the American Medical Association since Dec. 7, 1941, totaled forty-eight.

This report is dedicated to the memory of those Illinois physicians who made the supreme sacrifice during World War I and II.

Respectfully submitted,

EARL H. BLAIR, M.D.,
Chairman,
F. T. BRENNER, JR., M.D.,
P. R. BLODGETT, M.D.,
PHILIP LEWIN, M.D.,
GILBERT EDWARDS, M.D.,
KENNETH H. SCHNEPP, M.D.,
M. HERBERT BARKER, M.D.,
Veterans Service Committee.

REPORT OF THE COMMITTEE ON TUBERCULOSIS

To the Members of The House of Delegates:

The Council on June 9th appointed the Committee on Tuberculosis consisting of Dr. Fred M. Meixner of Peoria, chairman, Dr. Frank J. Smejkal of Chicago and Dr. Robert K. Campbell of Springfield.

This committee had several meetings for transaction of its business and also meetings were held in cooperation with the Council of the Society and the Council of the Chicago Medical Society.

The committee wishes to compliment the Editor of The Journal for the helpful and pithy fillers used on the subject of Tuberculosis. They serve as excellent reminders to the readers that the disease still requires study and thought. If you have not read them we advise you to do so, as they are carefully selected material.

The Tuberculosis Committee met with the Committee on Medical Service and Public Relations of the Chicago Medical Society at the Palmer House January 12, 1947, to discuss solutions for problems of tuberculosis control and hospitalization that would be adequate. Our Committee was all present. Also present were Dr. Hall and Dr. Knoll of the State Health Department. After an all day discussion a plan was adopted to present to the legislature which would be the beginning for a long term program for Chicago and Cook County.

This can be summarized as follows:

1. Get a County vote for Sanitarium District in Cook County outside Chicago under existing laws.

2. Ask the legislature for an appropriation to build 1200 beds, costing about ten and one-half million dollars, 500 for Chicago and 300 for Cook County outside Chicago and 400 downstate.

3. Ask the legislature for three and one-half million, plus whatever Federal funds are available to convert Cook County Contagious Hospital for tuberculosis care and maintain tuberculosis patients in the sanitarium.

4. Have Cook County Tax Commission remove the Peg levy and assess .075 mills full tax instead of .03 mills approximately.

5. If any community has levied its full tax or provided its maximum funds, any deficiency will be made up of these funds. These bills are prepared or will be shortly. Your Committee endorsed the program as presented.

A meeting of the Committee was held to formulate plans leading to the formation of a Committee on Tuberculosis in each County Society as outlined in the report of the Committee on Tuberculosis last year. The Council invited the Chairman to meet with them and outline the plan.

The Chairman of your Committee spoke concerning the importance of the problem of control of this disease throughout the state and the various facilities and plans for carrying out a program of control. The family physician who is closest to the patient is the key person in any control program and there is need to

organize the individual member of our society into a special working force to work with the voluntary and public agencies. To do this the committee suggested than an active tuberculosis committee be formed in each County Society, the personnel of which should be reported to the secretary of the Society. A letter should be sent by the society to each county society stating the need for such a committee and requesting the immediate appointment of such committees. The Council concurred in the recommendations of the committee and the following letter was addressed to the County Societies. The letter read as follows:

December 17, 1946.

To: County Society Secretaries,
Illinois State Medical Society,
Gentlemen:

The splendid record of tuberculosis control as shown by the decreased mortality rate since 1900, by the establishment of institutions for the treatment of tuberculosis, by the study of tuberculosis control by the voluntary, political and professional organizations, has been possible only by the cooperation of the physicians of the nation. While morbidity and mortality rates of tuberculosis infection has shown a marked decrease in the past two decades, the problem of finally eradicating the disease has become increasingly difficult of solution, as the known cases become fewer and control will require even closer teamwork beween physicians, the public health officials and the voluntary organizations planning programs.

The family physician is still the key figure in any program dealing with tuberculosis and the Tuberculosis Committee of the Illinois State Medical Society calls on the members of the society to lend every possible aid in local campaigns of tuberculosis control. The County Medical Society represents the local medical profession as individuals as well as members of the Illinois State Medical Society and we feel that the individual physician should take an active part in all programs and studies dealing with tuberculosis. Your committee asks that each County Medical Society in Illinois organize an active Tuberculosis Committee, if one is not already functioning, to help plan educational programs, conduct tuberculosis testing and x-ray programs, rehabilitation programs, tax campaigns and in all other ways cooperate with local and district health officers, voluntary agencies, sanitarium officials and nursing bodies.

We further suggest that at least one tuberculosis program be held by the local societies each year and your committee will be glad to arrange for a speaker or arrangements can be made through the Educational Committee of the Society at 30 N. Michigan Avenue, Chicago.

Please report the names of your County Society Tuberculosis Committee to the state society secretary as soon as possible so that a list of them can be compiled and published.

Yours very sincerely,
FRED M. MEIXNER, M.D.,
Chairman, Committee on Tuberculosis,
Illinois State Medical Society.

It is hoped by the Committee that the County Secretaries will, if they have not done so, report the names of their Tuberculosis Committees to the State Secretary as soon as appointed and that all recommendations of the letter be carried out if at all possible.

One of the newer projects suggested to the committee for action is the promotion of a campaign for surveying of all general hospital admissions for tuberculosis. A splendid start has been made in many communities and it is strongly recommended by the American Hospital Association. Such a program would discover many unknown cases, especially those with early infections and would protect hospital personnel from accidental infection. In any survey, however, it must be emphasized that the follow-up of the found case is extremely important from all standpoints. Finding active cases without instituting proper treatment is a waste of effort.

There are many pending legislative matters as well as contemplated bills and regulations that deal with tuberculosis control coming up and your committee will continue to be informed on all these matters. Meetings will be held as needed with cooperating bodies and wherever we can be of assistance in furthering the program for which this committee was appointed we will be glad to serve your society.

Respectfully submitted,
FRED M. MEIXNER, M.D.,
Chairman,
FRANK J. SMEJKAL, M.D.,
ROBERT K. CAMPBELL, M.D.,
Committee on Tuberculosis.

DR. F. M. MEIXNER: There are a number of bills in the Legislature which will give us more money for tuberculosis and for finding cases of tuberculosis. It is not necessary to find the cases but rather to find a cure for the patients. These bills have been reported in the Legislature and it is hoped to have favorable action. It is necessary, as Dr. Hutton said, for everyone to make pressure on his legislator to see that these bills are passed.

In the report in the booklet it states that county societies are being asked to form committee on tuberculosis in each county society. We would like to have the names of these committees. Please go home and find out if your society has such a committee and if so, send us the names of its members; if not, see that such a committee is formed. We are willing to help the county society to put on tuberculosis programs and to help in the local problems based on tuberculosis. We are servants of the Illinois State Medical Society but we cannot do it all. We are willing to do all we can, but the program will only be as good as you men make it by real effort.

REPORT OF THE COMMITTEE ON INDUSTRIAL HEALTH

To the Members of The House of Delegates:

The major activity of your committee during the past year has been in conference and consultation with

various groups of physicians, industrialists, workers and welfare leaders who recognize the need of providing better industrial health facilities to a greater proportion of our working population.

It has long been recognized that the larger industrial plants maintain a fairly comprehensive plan of health protection and industrial hygiene for their workers. However, there is definite need of a program of medical service for small industrial establishments (employing fewer than 500 workers). In Illinois there are over 12,000 small industrial plants where the employees do not have the benefit of any industrial or occupational medical service. Employers acknowledge that a health program maintained at a proper standard of service is an asset in the industrial relations program and a recognized contribution to the general health and welfare of the community. It is the opinion of your committee that the Illinois State Medical Society should assume a more active leadership in formulating a type of medical service that is fundamentally a medico-economic problem.

Each member of your committee has taken an active part at meetings where the problems of industrial health and medical service in industry were under discussion. The cooperation of the Council of Industrial Medicine of the American Medical Association has been most helpful to us in directing the activity of many of the younger men entering this field of medical practice. Publications each month under the Industrial Health Section of the Illinois Medical Journal have purposefully been varied with the hope of creating interest and even controversy in the field of industrial practice. There is need of informing physicians in all fields of practice of the relationship of ill health to industrial environment and work capacity.

The committee wishes to express its appreciation to the various members of the Illinois State Medical Society who have participated with us in meetings, discussions, conferences and publication of papers on special aspects of Industrial Health.

Respectfully submitted,

JOSEPH H. CHIVERS, M.D.,
Chairman,
F. P. HAMMOND, M.D.,
HAROLD VONACHEN, M.D.,
C. O. SAPPINGTON, M.D.,
MILTON H. KRONENBERG, M.D.,
R. I. BARICKMAN, M.D.,
Committee on Industrial Health.

REPORT OF THE COMMITTEE ON VENEREAL DISEASE CONTROL

To the Members of The House of Delegates:

Reporting for the Committee on Venereal Disease Control, the Committee wishes to express a feeling of great loss in the untimely death of Dr. George G. Taylor, Chief of the Division, in the LaSalle Hotel fire June 5, 1946. His fine spirit of cooperation with the medical profession and his intense interest and thorough knowledge of the venereal disease problem and its control and his readiness to seek counsel and advice on all problems relative to the purpose of establishing state-wide policies and procedures for the best interests of the profession is worthy of the highest commendation. After his death the Division of the Venereal Disease Control became a section of the Division of Communicable Diseases. As of February 15, 1947 the Section of Venereal Disease Control under the Division of Communicable Diseases became the Division of Venereal Disease Control with Dr. Leonard M. Schuman as Chief of the Division.

The control program actually functions through the full time city, county and district Health Officers whom the Division serves in an advisory capacity with the approval of the Illinois State Medical Society.

The Venereal Disease picture in the State has changed quite markedly in the past year. The total of all cases of syphilis has declined 13.9% since 1945. However, there has been a 4% increase in the number of primary cases reported and a 12% increase in the reported cases of secondary syphilis. Inasmuch as primary syphilis is extremely infectious the Public Health problems relative to this disease have been increased, although to what extent the increase in the amount of early syphilis in Illinois is, really cannot be fully determined. It is known that better reporting in early syphilis has resulted since the institution of the rapid treatment program. The forms of late syphilis with the exception of the cardiovascular type have shown a marked decrease.

During the fiscal year a number of changes in the administrative practices of the Division were made for the sake of improving the existing facilities—changes also resulted from the increased availability of penicillin for the treatment of gonorrhea which profoundly effected the distribution of drugs, treatment, schedules in clinics and the use of state hospitals for quarantine and treatment purposes. The practice of hospitalizing quarantinable cases of gonorrhea has been discontinued.

Penicillin

Because of the increasing availability of adequate quantities of penicillin, the practice of furnishing the private physician wth sulfathiazole for the treatment of gonorrhea has been discontinued. Any physician reporting a case of acute gonorrhea is now automatically supplied with 200,000 units of penicillin.

Medical Care for Veterans

In accordance with Governor Dwight H. Green's rehabilitation plan for ex-service personnel, the Division continues to assume the responsibility of providing complete treatment facilities free of charge for any veteran infected with a venereal disease. In areas without clinics the plan for payment of private physicians for services rendered to veterans are approved by the Venereal Disease Committee of the Illinois State Medical Society.

Local Rapid Treatment Facilities

On November 1st, 1945 the plans for establishing rapid treatment facilities in private hospitals throughout downstate Illinois were completed. To date 33 such facilities are in operation. The respective clinics

assume the responsibility for the treatment of patients referred for rapid treatment. In the eight months during which the program has been operating, 422 patients have received treatment. The overall program has been accepted by the Illinois State Medical Society upon the recommendation of the Venereal Disease Committee of the Council of the Society.

Clinics

There are 33 clinics maintained throughout the State exclusive of Chicago, for the treatment of venereal disease; 60% of the clinic case load consists in acute gonorrhea. Approximately one-third of the syphilis cases are cases in the infectious stage and therefore the greater Public Health problem.

Summary

Triad of Venereal Disease Control, comprised of case finding, case holding and case treatment, has functioned more satisfactorily during the past year and case finding has been improved, as shown by the increase in reporting cases of an early infectious syphilis by all reporting agencies. Case holding has been made easier through the increased availability of penicillin, the advent of the rapid treatment program and the efforts of the Venereal Disease investigators in the field. Treatment of Venereal Disease is far more satisfactory than at any other period in the history of venereal disease.

It is most gratifying to consider the inestimable number of man days saved to industry from the rapid treatment program alone. The treatment to early syphilis today is complete in from 9 to 11 days as against 12 to 18 months as was formerly the experience. Gonorrhea is now cured in the vast majority of cases in hours compared to months under former methods of treatment. More patients are coming in for treatment and more patients are quickly being returned to normal life, clinically cured of the disease which brought them to our attention.

Respectfully submitted,

I. H. NEECE, M.D.,
Chairman,
HARLAN ENGLISH, M.D.,
J. E. WHEELER, M.D.,
BUDD C. CORBUS, M.D.,
Committee on Venereal Disease Control.

These charts are a part of State Department Report:

TABLE I

VENEREAL DISEASE MORBIDITY REPORTS
1944-1945

Disease and Stage	*Totals*	*Totals*	*Percentage of Increasing or Decreasing Differential*
SYPHILIS	25,165	21,675	—13.9
Primary	1,559	1,621	+4.0
Secondary	2,239	2,511	+12.1
Early Latent	5,509	5,422	—1.6
Late Latent	13,222	9,566	—27.7
Cardiovascular	310	375	+17.6
C.N.S.	1,430	1,377	—3.7
Other Late	239	222	—7.1
Congenital	648	581	—10.3
GONORRHEA	22,580	27,117	+20.1
CHANCROID	614	587	—4.4
LYMPHO-GRANULOMA	187	209	11.8
GRANULOMA INGUINALE	27	34	+25.9

TABLE II

DOWNSTATE ILLINOIS CASES ADMITTED TO RAPID TREATMENT FACILITIES FOR TREATMENT — JULY 1945-JUNE 1946

			DISEASE AND STAGE OF ADMISSIONS						
Rapid Treatment Facilities	*Period*	*Total Admissions*	*Primary & Secondary Syphilis*	*Early Latent Syphilis*	*Late Latent Syphilis*	*Congenital Syphilis*	*Central Nervous System Syphilis*	*Gonorrhea*	*Other Venereal Diseases*
Downstate* Illinois Hospital Facilities	July-Dec. 1945	34	34	—	—	—	—	—	—
	—Jan.-June 1946	278	272	—	1**	5	—	—	—
Chicago Intensive Treatment Center	July-Dec. 1945	53	21	18	2	1	6	3	2
	Jan.-June 1946	128	61	43	1	—	18	1	4
St. Louis Midwestern Medical Center	July-Dec. 1945	73	55	12	1	1	4	—	—
	Jan.-June 1946	185	122	44	8	3	4	2	2
TOTALS	July-Dec. 1945	160	110	30	3	2	10	3	2
	Jan.-June 1946	591	455	87	10	8	22	3	6
	July 1945-June 1946		565	117	13	10	32	6	8

*Hospital facilities for rapid treatment were first used November 1, 1945

**Luetic pregnancy

TABLE III

DRUG DISTRIBUTION TO PRIVATE PHYSICIANS, CLINICS, HOSPITAL AND INSTITUTIONS IN ILLINOIS

JULY 1945-JUNE 1946

DRUG	DRUG DISTRIBUTION BY GRAMS		
	July 1945-June 1946	July 1945-Dec. 1945	Jan. 1946-June 1946
Penicillin*	5,387,100,000 units	1,387,800,000 units	3,999,300,000 units
Clorarsen	5,218	3,017	2,201
Neoarsphenamine	49,171	30,382	18,789
Sulfarsphenamine	558	186	372
Tryparsamide	27,330	15,295	12,035
Acetarsone	1,153	394	759
Aldarsone	11,500	3,000	8,500
Bismuth	549,324 c.c.	175,640 c.c.	373,684 c.c.
Sulfathiazole	126,304	57,340	68,960

*Includes penicillin for treatment of patients receiving intensive therapy.

TABLE IV.

VENEREAL DISEASE LITERATURE AND POSTERS DISTRIBUTED

	Pamphlets	*Posters*
July-December, 1945	40,525	679
January-June, 1946	43,851	745
Total	84,376	1,424

REPORT OF THE COMMITTEE ON CANCER CONTROL

To the Members of The House of Delegates:

In this report the Committee has summarized the activities in the field of cancer in the State of Illinois as conducted by numerous committees or agencies. In general it can be stated that interest in prevention and treatment of cancer in Illinois has increased markedly during the past few years. The State is fortunate in recently securing the services of Gen. John Rogers, formerly Chief of Surgeon of the 1st Army, serving in France and Germany, as full-time Director of the Illinois Division of the American Cancer Society. This agency cooperates with the Division of Cancer Control, so ably conducted by Dr. G. H. Gowen, of the Department of Public Health in the active planning and execution of programs for the control of cancer in the State.

The heavy death rate from cancer is a constant reminder of the need for urgent measures in the prevention and treatment of the disease. During the interval between Pearl Harbor and V. J. Day 607,000 Americans died from cancer, which is more than twice the number of Americans killed in military action during that period, namely, 273,000. In Illinois during 1945 there were 12,651 deaths from cancer. As noted in the table below, this represents an increase over previous years.

CANCER DEATHS IN ILLINOIS

1941	11,590
1942	11,815
1943	12,142
1944	12,482
1945	12,651

With the exception of an increased rate in heart disease and a few other diseases, the death rate of almost all other diseases including pneumonia, tuberculosis, scarlet fever, diphtheria, etc. is showing a steady decline during recent years. However, there is evidence from figures compiled by Metropolitan Life Insurance Co., throughout the country, that the steady increase in death rate from cancer has finally been halted, particularly in women. This favorable data offers good evidence that a sustained intelligent fight against cancer will pay. All of us are aware of the fact that the complete and proper utilization of knowledge and therapeutic methods now available will result in the saving of many lives, even without the discovery of additional therapeutic weapons.

The Advisory Committee of the Division of Cancer Control of the Department of Public Health of the State of Illinois has been active during the past year and has continued its study of cancer needs for the State of Illinois. During the year the Committee drafted and approved a bill for the erection of an Cancer Hospital in Illinois. The bill as originally prepared, reads as follows:

A BILL

For an act to provide for the establishment, construction, equipment, and operation of a State Research and Teaching Cancer Hospital and to make an appropriation therefor.

Be It Enacted by the People of the State of Illinois Represented in the General Assembly:

Section 1. There is established a State Research and Teaching Cancer Hospital in and for the State of Illinois for the diagnosis and treatment of residents of

this State who are suffering from or threatened with cancer.

Section 2. Such hospital shall be constructed in that part of the City of Chicago comprising the Medical Center District. The hospital shall be so constructed as to provide the accommodation of approximately 250 beds.

Section 3. All buildings for the use of the State Research and Teaching Cancer Hospital shall be constructed in accordance with Sections 28 and 49 of the Civil Administrative Code of Illinois.

Section 4. The management and control of the State Research and Teaching Cancer Hospital is vested in the Department of Public Health, which shall operate same through a Board of Directors appointed by the Director of the Department of Public Health.

Section 5. The State Research and Teaching Cancer Hospital shall accept patients afflicted or threatened with cancer for whom there is hope of cure through the application of accepted medical therapy. The hospital is not to be used for hopeless or terminal cases or to provide custodial care.

Section 6. The Department of Public Health shall cooperate with all recognized medical schools and hospitals in making available the facilities of the State Research and Teaching Cancer Hospital for purposes of professional education and scientific investigation.

Section 7. The Department of Public Health may accept, hold and use for the benefit of the State Research and Teaching Cancer Hospital or the patients therein any gift, bequest or devise or real or personal property, and may agree to and perform any condition of such gift, bequest, not contrary to law.

Section 8. The Department of Public Health shall establish all needful rules for the management of the State Research and Teaching Cancer Hospital and the patients therein.

Section 9. The sum of $3,000,000.00 or so much thereof as may be necessary, is appropriated to the Department of Public Health for the purpose of constructing and equipping a State Research and Teaching Cancer Hospital as herein provided. This appropriation is exclusive of the land on which the hospital shall be constructed.

Section 10. The sum of $2,000,000.00 or so much thereof as may be necessary is appropriated to the Department of Public Health for the operation of the State Research and Teaching Cancer Hospital for the first biennium after completion of the hosptal, or as much as shall remain of the first biennium after completion of the hospital.

Section 11. These appropriations are subject to "An Act in Relation to State Finances," approved June 10, 1919, as amended.

This bill with very slight amendments had been presented to and approved by the various Committees of the Illinois Division of the American Cancer Society, the Chicago Medical Society and its Advisory Committee on Cancer, and the Illinois State Medical Society and its Advisory Committee on Cancer Control. It has been sent to the Department of Public Health for final action, assuming that it may be submitted to the State Legislative bodies in lieu of S. B. 29, which has already been introduced into the Senate.

The Division of Cancer Control of the State Department of Public Health has been the principal agency interested in the establishment of Cancer Diagnostic Clinics throughout downstate Illinois. The Division has already established 9 such clinics and a tenth one is starting operation this summer. The Division also supplies money for equipment, technicians and pathologists as dictated by needs. Funds are available and utilized for laboratory procedures and short periods of hospitalization for patients with cancer. Money is made available for maintenance of local tumor registries. In cooperation with the American Cancer Society, a pamphlet on Cancer for High School students and a Teachers' Manual for High School teachers have been prepared and distributed. Also as a contribution toward lay education another pamphlet on cancer has been prepared; it is distributed by the Division, the Illinois Division of the American Society, and the Health Extension Service of the University of Illinois. Each year an exhibit on Cancer is prepared and set up at the Illinois State Fair. Statistics on Cancer in the State of Illinois are collected and maintained by the Division of Cancer Control.

The Illinois Division of the American Cancer Society underwent a reorganization and incorporation in 1946, approving by-laws in September, 1946. As previously stated, Dr. John Rogers is full-time Director. A board of Directors and an Executive Committee are responsible for administrative action. A Finance Committee and Campaign Committtee are maintained for collection of funds and advice on financial affairs. A Medical and Scientific Committee is responsible for medical and scientific policy, professional activities, education, etc. Subcommittees on Professional Education, Lay Education, Information Centers, Research, Care of Terminal Cases, Downstate Projects, Dental Profession, Tumor Clinics, Coordination of State Cancer Control and Cancer Control in Industry have been appointed to facilitate functions of the Medical and Scientific Committee.

The formation of County Units of the Illinois Division of the American Cancer Society, with the appointment of an Executive Committee and formation of Information Centers with the assistance of Miss Mary Askew, is encouraged by the Division, and has been approved by the Council of the Illinois State Medical Society.

The Illinois Division conducts a financial campaign each year collecting money for support of its activities; sixty per cent of the money is kept and the remainder sent into the national organization, i. e., the American Cancer Society. Last year $109,000 was collected. For 1947, the month of April was set aside nationally for the collection of funds for the control of cancer. The American City Bureau, a form of professional fund raisers was employed to conduct the campaign in Illinois for 1947. Mr. LeRoy Kramer kindly consented to

act as General Chairman for the campaign. The total amount collected for this year is expected to be many times that collected in 1946.

Although the Illinois Division of the American Cancer Society conducts no clinics or programs of that type, its functions toward assistance of programs already existent are numerous and varied.

The program for lay education is an extensive one, being conducted by Miss Josephine Bressems and a Special Subcommittee. Speakers on cancer are procured (and their expenses paid) for lay audiences upon request. Thousands of pamphlets giving information and warning about the dangers of cancer have been prepared and distributed. Two motion pictures based upon lay education in cancer are available for loan. Radio publicity is being planned but as yet has not been used to a great extent. In conjunction with the State Department of Public Health, a manual for High School Teachers and a pamphlet for High School Students have been prepared and are now being distributed; 40,000 of the first and 900,000 of the second are available. The Illinois Division has allocated $25,000 for preparation of an extensive exhibit for permanent display in the Museum of Science and Industry.

The Division publishes monthly a small journal or pamphlet known as the "Illinois Cancer News," which contains information concerning the activities of the Division and is sent to all persons interested including most of the donors to the annual campaign.

"Industrial" posters warning about the dangers of cancer have been sent to 4,051 industrial firms for display. These posters have resulted in requests for additional literature in the amount of 20,000.

The program for *professional education* for the year consists of two symposia on Cancer, primarily for downstate physicians. In each course 35 to 40 physicans were enrolled. Each symposium lasted 5 days. The program was furnished by five institutions, namely, Northwestern University Medical School, University of Illinois College of Medicine, Loyola University School of Medicine, The University of Chicago School of Medicine and the Michael Reese Hospital. Most of the expenses of the physicians taking the course were paid by the Illinois Division. Expenses of reproduction of illustrations in articles on cancer published in the Illinois State Medical Journal will be borne by the Illinois Division which also pays expenses of lectures on Cancer upon request from Societies and State Councilors throughout the state.

A sum of $9,000 has been given for publication of the Illinois Cancer Bulletin, which however is being discontinued to make room for a similar but more extensive journal to be published by the American Cancer Society.

Numerous *Service Programs* are carried out by the Illinois Division. It conducts and supports financially an information center in Chicago which handles 200 inquiries per month. On a few occasions, the Division has supplemented the activities of the Division of Cancer Control of the Illinois Department of Public Health by providing additional employees and fellowships. A sum of $12,000 has been allocated to Central Service for the chronically ill to conduct a survey of needs in terminal cancer. Groups have been organized for preparation of cancer surgical dressings.

The Division lends financial support to the Detection Center conducted by Dr. Augusta Webster and assistants, at the Women's and Children's Hospital of Chicago.

The Cancer Prevention Clinic is conducted by Dr. Augusta Webster and Staff at the Women's and Children's Hospital. It was organized in 1943 with the approval of the Chicago Medical Society; an Advisory Board, appointed by the President of the Society, advises the Clinic on matters of policy and standards. The Clinic is designed not for the cancer patient, but for the patients who may seek an examination with the idea of searching for precancerous or cancerous lesions. The chief purpose of the clinic is educational, teaching the patient the value of periodic examinations especially if certain symptoms explained to them should develop. No treatments of any kind are given; neither are biopsies performed. The examinee reports to the Clinic on two occasions, during which a complete history and physical examination including an x-ray of the chest and other x-rays as indicated, are completed.

About 70 per cent of the examinees are referred to their own physician for care; approximately 3½ per cent are referred to charity clinics because of inadequate funds to pay for a private physician, and about 26½ per cent are discharged with instructions to report to their own physician for a recheck in 6 to 8 months. At time of discharge the patients are given a final report including a small pamphlet summarizing a few of the common manifestations of cancer for which they are instructed to report to their family physician as soon as such symptoms develop. Patients are seen twice during their work-up and after second visit are told to report to their family physician (*not* to the Prevention Clinic) for their next physical check-up.

Facilities have been increased so that about 225 new patients can be examined each month. In spite of this increase in facilities appointments are filled for four months in advance. About sixty percent of the funds required to run the Clinic are derived from fees and donations from the patients. The remainder of the expenses are borne by the Illinois Division of the American Cancer Society.

Respectfully submitted,

WARREN H. COLE, M.D.,
Chairman,
H. E. DAVIS, M.D.,
ROSWELL T. PETTIT, M.D.,
JOHN A. WOLFER, M.D.,
J. J. MOORE, M.D.,
HARRY OTTEN, M.D.,
CHAS. L. LEONARD, M.D.,
Committee on Cancer Control.

REPORT OF THE FIFTY YEAR CLUB COMMITTEE

To the Members of the House of Delegates:

In January, 1938, the Council of the Illinois State Medical Society, realizing that many physicians in the state had been practicing medicine for fifty years or more, and wishing to do them just honor, organized the Fifty Year Club. The Club is a phantom organization without officers, dues or meetings. Those physicians, whether a member of the Society or not, who have been in the practice of medicine for fifty years or more, and are so recommended by their county Society, are eligible to membership.

Many county societies throughout the state hold special meetings to honor these "grand old men of medicine." To these meetings, not only the physicians in their society, but the physicians in surrounding counties are invited to attend, also their ladies and many personal friends who are not physicians.

At these meetings the candidates are presented with a certificate of membership signed by the president and secretary of the State Medical Society, and also by the Chairman of the Council. They are also given a lapel button that has inscribed on it, "Illinois State Medical Society. Fifty Year Club."

It has come to my attention that there are a number of other physicians yet actively engaged in practice throughout the state who are entitled to this honor who hesitate or decline to accept this honor for fear the publicity might indicate to the public that they are getting old and it would injure their business.

It is not possible to give an accurate number of the physicians who are now members of the Fifty Year Club, as the mortality of these men is quite high, and the deaths are not promptly reported to the secretary of the Society. But to the best of my knowledge, the membership at the present time is in the neighborhood of 300. This is the largest membership we have ever reported and indicates that medical science is prolonging the span of life until more physicians are becoming eligible to membership in the Fifty Year Club.

For the past six years invitations have been sent to every member of the Fifty Year Club urging them to attend a noonday luncheon during the Illinois State Medical Society annual meeting. Since that time, it has become an annual affair. These luncheons have become very popular and are attended by many physicians from distant states in the Union. This year the State Society is giving a complimentary dinner to the members of this organization. No speeches have been listed, but each member will have an opportunity to give an account of the most interesting or most amusing case encountered in his practice—this talk not to exceed five minutes.

Respectfully submitted,
ANDY HALL, M.D.,
Chairman,
CHANNING W. BARRETT, M.D.,
E. H. OCHSNER, M.D.,
H. O. MUNSON, M.D.,
Fifty Year Club Committee.

REPORT OF THE COMMITTEE ON RURAL MEDICAL SERVICE

To the Members of The House of Delegates:

During the past year, the Committee has met twice. A questionnaire was prepared and sent to each County Farm and Home Advisor, to be completed by these people as well as by the president of each County's Farm and Home Bureau. This questionnaire was edited by the Extension Service in Agriculture and Home Economics of the University of Illinois. Its purpose was to get consumer groups' ideas of what they expected in medical service. Further discussions were held with the Illinois Agriculture Association group.

Questionnaires have been sent to the junior and senior medical students in all approved schools in Illinois to get an index of the interest of graduating classes in rural practice. These will have been returned by the time of the State meeting.

Illinois was well represented at the Second Rural Health Conference held in Chicago February 7 and 8, and some unusual ideas came out of that meeting. They were reported in the Journal of the American Medical Association, March and April numbers.

Like all questions of Rural Sociology, it takes time, education and continuing attention to new ideas to advance. It will take the combined efforts of farm groups, doctors, medical educators and the general public to get near a solution to this problem. At the present, there appears to be a growing deficit in medical service in our rural areas. The Committee feels that the establishment of a University of Illinois College of Medicine Extension Service in the Department of Pediatrics into southern Illinois is a step in the right direction and it may be that more of that type of extension service plus affiliation of downstate hospitals with the University of Illinois College of Medicine or any other approved medical school in Illinois, will be a desirable step forward. The Committee will continue to enlist the efforts of all interested groups in trying to solve this problem.

Respectfully submitted,
HARLAN ENGLISH, M.D.,
Chairman,
G. C. OTRICH, M.D.,
W. I. LEWIS, M.D.,
E. C. COOK, M.D.,
J. C. REDINGTON, M.D.,
Committtee on Rural Medical Service.

DR. HARLAN ENGLISH: In our report we state that a questionnaire had been sent to medical students in all approved schools in Illinois to get an index of the interest of the graduating classes in rural practice. Questionnaires were sent to the four approved universities. One hundred sixty-nine (169) students answered the questionnaires. Of the 169, 67 were mildly interested in going into rural areas, towns of less than 10,000. Of the 67, 36 said they would only go if there were adequate open staff hospitals somewhere in the area, 11, would only go into group practice. Forty-one (41) thought they should have some kind of com-

munity subsidy, 16 did not want this; 34 desired some kind of rural training between junior and senior years, but at an average salary of $150 a month; 22 did not want this, and 9 were optional. Fifty wanted general practice and 14 to specialize. In answer to the question, are there too many specialists, 47 said yes and 20, no.

Of the 102 who refused to even consider practising in an area of less than 10,000 people, 78 preferred to specialize, 17 wanted general practice, and 7 were undecided. In answer to the question, are there too many specialists, 47 of the 78 who wanted to specialize, said yes, 46 said no, and 9 were not personally interested. That is the indication of their thinking.

What happened to the 67 farmer groups out of the 90 who answered the questionnaire within two weeks? Fifty-seven (57) said they needed doctors. Concerning ambulance service, 7 said no, and 56 said yes. In answer to the question, do residents have access to enough hospital beds, 43 said no.

Concerning Blue Cross, 29 counties have it. To the question, can it be extended advisably, 29 counties said it should expand.

Is public health activity satisfactory or adequate, 41 said no, 9 said yes. Regarding a continuous program of health education in your county, 34 said no, others varied, county nurse, tuberculosis, no public interest, etc.

In regard to school examination, is it satisfactory, 36 of the 67 said it was, 8 said they needed more doctors, 5 said they needed adequate follow-up; 25 said the examination should be more complete.

In answer to the question, if your county needs hospital beds, would you think the citizens would be willing to vote a 1 to 3 cents levy to $100 to support more hospital beds, 26 said no, 11 yes, and 9 were doubtful.

In answer to the question, should the State of Illinois subsidize the education of rural boys in medicine, 33 said no, 18 said yes, and 10, within limitations.

In answer to the question, should State of Illinois pay doctors to locate in areas of dire need, 43 said no, 11 yes.

REPORT OF ADVISORY COMMITTEE TO THE VETERANS ADMINISTRATION

To the Members of The House of Delegates:

This Committee was appointed by the Chairman of the Council to correlate the program of providing medical care for Veterans with service connected disabilities by private physicians. Although the contract between the Veterans Administration and the Illinois State Medical Society was finally consummated in June, 1946, little progress was made toward implementing the project until last August.

Little information was had in the Regional Office in Chicago in the matter and perhaps there existed also, a hesitancy to start out on this new project which required that bills be certified as legitimate and correct, to the Comptroller of the Treasury and as having been incurred in the care of a veteran with a service connected disability for whom facilities were not available in a Veterans Facility. Since August, 1946, however, there has been evident a marked difference in the progress of having the private physician care for these men with service connected disabilities. The present Chief Medical Officer of this Regional Office has demonstrated wholehearted desire to cooperate with the committee and members of the medical profession in carrying out this program as it was first described to the doctors of Illinois.

It is only fair to state, that when the agreement was first entered into between the Veterans Administration and the Illinois State Medical Society, sufficient emphasis was probably not placed upon the fact that no change had been made in the law regarding the medical care of veterans with service connected disabilities and that it was necessary to utilize the existing Veterans Facilities to the utmost in the care of these men. Ex-service women, however, are eligible for outpatient treatment for service connected disability only but if hospital care is necessary it may be authorized for service or non-service connected disability in a private hospital, excepting for pregnancy. A male veteran is entitled to outpatient treatment for a service connected disability or for a condition believed, prior to legal determination, to be service connected. Veterans receiving vocational training are also eligible for treatment. A veteran may be eligible for hospital care in a private hospital for the treatment of a service connected or probable service connected disability if government facilities are not available; if the condition is emergent; or where it is medically determined that movement to a Veterans Administration Hospital would be hazardous.

Some complaints have arisen and the committee has caused each specific complaint to be investigated. Many times it has been found that the grievance has been due to a misunderstanding or to a failure to comprehend that the condition for which the doctor seeks authorization to render treatment must be a service connected disability. Men on terminal leave, for instance, are still the wards of the branch of service in which they served and do not come under the jurisdiction of the Veterans Administration. Veterans with conditions such as acute appendicitis, requiring immediate surgery would in most instances probably not be considered to have service connected disabilities.

A veteran may be eligible for hospital care in a private or a probable service connected disability if; (1) the government facilities are not feasibly available; (2) if the condition is emergent in character; (3) or where it is medically determined that movement to a Veterans Administration Hospital would be hazardous. This fact has not been taken advantage of to the greatest extent possible and has probably been the cause of dissatisfaction and complaint arising among the medical men participating in the plan and the Veterans. It must be remembered, however, in this connection, that if a veteran with a service connected disability is sent to a private hospital under one of the preceding conditions, that the request for hospital care must be received by the Veterans Administration within 72 hours

instead of the usual 5 days required for application for authorization for outpatient treatment. Where a veteran with a service connected disability has been the recipient of medical care by a physician and such service has not been authorized by the Veterans Administration, it is still possible for the veteran to submit a claim for the unauthorized medical services along with a statement from the physician regarding the services rendered. This claim is adjudicated by the Branch office and if the treatment has been rendered in an emergency, or if a delay would have been hazardous or if a government facility was not feasibly available, there is a reasonable probability that the claim for this service will be allowed and the veteran reimbursed.

The Committee has great respect for the present Chief Medical Officer of the Regional office of the Veterans Administration and is aware of his demonstrated intention to cooperate with the members of the medical profession and the veterans in the satisfactory solution of problems that arise in connection with this project. We feel that he may be depended upon to cooperate to the fullest extent possible under the law. According to statements made by Gen. Hawley in Chicago, last October, the practical operation and interpretation of the program is dependent to a large extent upon the attitude and initiative of the Regional Chief Medical Officer and the committee feels that it has reason to be grateful for the fact that Dr. B. F. Cockrell has been filling that office in this Region since last August. He has been willing to interpret the directives of the Veterans Administration and the legal requirements in force so as to provide the greatest possible benefits to the veteran and the private physician.

Frequent meetings have been held with the officials of the Regional office as well as the meeting with the Veterans Service Committee of the Illinois State Medical Society, the Veterans Service Committee of the Chicago Medical Society and the Post-War Planning Committee of the Chicago Medical Society. Appearances have been made at and information furnished to some of the Hospital Staff and Medical Society branch meetings in the metropolitan areas in the state, in an effort to implement this program of medical care for the veteran.

In the 8 month period from August 1st, 1946, to April 1st, 1947, more than 12,500 individuals have been examined for a total of nearly 19,500 examinations by private physicians in this area for the Veterans Administration. About 7,000 people have been given almost 13,000 treatments under the program and more than 750 treament examinations with one treatment and report have been effected during this same period. Approximately $181,000.00 has been paid out to the private physicians in this area since August 1st, 1946, for the care of veterans. The committee is informed that of about 3,000 vouchers for bills for services rendered veterans each month, less than 10% are more than 30 days old, so that the payment of bills for services rendered is quite current in this Regional area. The physicians participating in this project have become much more accurate and efficient so far as paper work is concerned as fewer than 10% of the papers have to be returned to the physician because of incompleteness, whereas formerly it was necessary to return about 40%.

On one occasion it has been necessary to revise a few of the fees on the fee table downward because of curtailed appropriations for the Veterans Administration. The Society acceded to this request under the protest and so informed the Veterans Administration. The committee feels that any reduction in appropriation having to do with the medical care of veterans with service connected disabilities is a matter that is properly one of the veteran and his Congressman and will promptly be so identified.

The committee is of the opinion that the success or failure of this program of the care of veterans with service connected disabilities by the private physician depends to a large extent upon the cooperation of the chief Medical Officer of the Veterans Administration of this Region; and the willingness of the Medical profession to adhere to certain basic principles required by the law. It is realized that his project is entirely new and because of that fact, difficulties and complaints will arise but the committee feels that such a program has many good possibilities and should be given the wholehearted support and cooperation of the medical profession at least until such time as it can be definitely proven that the plan is workable under existing legal restrictions. This committee assures the House of Delegates that it will not hesitate to appear before this body or the Council of the Illinois State Medical Society to report any abuse of the private physician-patient relationship or other unwholesome factors that might become apparent in the working of this plan.

Respectfully submitted,

PERCY E. HOPKINS, M.D.,
Chairman,
R. S. BERGHOFF, M.D.,
E. P. COLEMAN, M.D.,
H. M. CAMP, M.D.,
Advisory Committee to Veterans Administration.

REPORT OF THE COMMITTEE ON VETERANS REHABILITATION

To the Members of The House of Delegates:

There is very little to report by the Committee on Veterans Rehabilitation for this past year. Not only has the Illinois State Division of Rehabilitation and the Illinois Veterans Commission continued to function as in the past but their scope has greatly enlarged and their services have greatly improved. They are still operating under the plan originally presented to the Council of the Illinois State Medical Society some three years ago. There has been almost no change in that set-up. It has proved to be proper and fair and, I believe, generally acceptable to physicians throughout Illinois.

It is interesting to note that this plan which was devised by the writer when he was Consultant for the Division of Rehabilitation and Illinois Veterans Com-

mission, particularly as regards the free choice of physician and hospital by the veteran in need of medical treatment, was taken over by the Veterans Administration. The fee schedule agreed upon by the Illinois State Medical Society in the early days of this plan is now practically the "law of the land" insofar as treatment of veterans is concerned. It should be a matter of considerable pride to the Society that it was the first to approve this plan and that Illinois was the first state to urge its adoption before the national administration in Washington before the present head of the Veterans Administration was appointed. Dr. Roland R. Cross and I made a trip to Washington for Governor Dwight H. Green some three years ago and urged the general adoption of the "Illinois plan". It is a matter of great satisfaction and some pride to us that when the new Director took over the plan was put into national use.

So far as we can determine, the care of returned veterans in the best yet devised or carried out and services are being extended wherever the need exists. The federal government and state organizations under the direction of the Department of Registration and Education are doing a splendid job and should receive the backing of the Illinois State Medical Society to the limit.

Respectfully submitted,
E. P. COLEMAN, M.D.,
Chairman,
DAVID B. FREEMAN, M.D.,
E. E. NYSTROM, M.D.,
DARWIN B. POND, M.D.,
HERMON H. COLE, M.D.,
Committee on Veterans Rehabilitation.

REPORT OF THE COMMITTEE ON CONSTITUTION AND BY-LAWS

To the Members of The House of Delegates

The Committee on Constitution and By-Laws has held several meetings during the past year.

On investigation in which the Constitutions of several other State Societies were studied it was found that in the matter of procedure for handling cases of "appeals" the Illinois State Medical Society's Constitution was in conformity with the model constitution as proposed by the A. M. A. and very like the majority of other State Societies' Constitutions. It was recommended to the Council that no change be made in this particular regard.

This Committee has been requested to prepare changes in the present Constitution and By-Laws covering the following items:

1. Concerning the specifications of the date for the annual meeting.
2. Concerning Medical Testimony in Civil Courts.
3. Concerning the number of Councilors-at-Large.
4. Concerning new types of "membership."

Since these requests have been sincere and have arisen from various sections of the Society, the Committee will prepare an additional report concerning these items and present them orally if permission is granted.

Respectfully submitted,
CHAS. P. BLAIR, M.D.,
Chairman,
G. C. OTRICH, M.D.,
P. R. BLODGETT, M.D.,
Committee on Constitution and By-Laws,

DR. C. P. BLAIR: There are several things which are not the work of the Committee but have been proposed by physicians from different parts of the State.

The following change in the By-Laws is proposed:

Chapter 11 Section 1. Annual Session of the Society now reads:

Section 1. The annual session shall convene on the the third Tuesday of May; the Council may change the date in order that the society may convene at least ten days before the date set for the annual meeting of the American Medical Association, or for other good and sufficient reason.

The meeting place for the annual session shall be determined by the House of Delegates from a list of cities extending invitations, subject to investigation of the facilities and approval by the council.

It is proposed to change the first paragraph to read: The annual session shall convene on the date determined by the council and shall be on approximately the same date each year.

The last paragraph remains unchanged.

It is proposed to change Chapter IX, Section 6 of the By-Laws, third paragraph reading as follows:

The Committee on Medical Benevolence shall have exclusive discretion and control in determining and designating to whom payments from said Benevolence Fund shall be made. However, the amount paid any one individual per month shall be determined by the Council except in cases of emergency, and then only with the approval of the Council.

The changes proposed in the Constitution are as follows:

The Committee on Medical Benevolence shall have exclusive discretion and control in determining and designating to whom payments from said Benevolence Fund shall be made. However, the amount paid any one individual per month shall be determined by the Council except in cases of emergency, and then only with the approval of the Council. The changes proposed in the Constitution are as follows:

Article IV Composition of the Society. It is proposed to add a new Section 5 and a new Section 6 reading as follows:

Section 5. GOVERNMENT SERVICE MEMBERS. Physicians serving as medical officers of the United States Army, United States Navy and the United States Public Health Service and those serving full time in the Veterans' Administration, who are members of the component society, shall be eligible for membership in the Illinois State Medical Society so long as they are engaged actively

in their respective service, and thereafter if they have been retired on account of age or physical disability or after long and honorable service under the provisions of an act of congress.

Section 6. PAST SERVICE MEMBERS. A member who has been in good standing but who has become disabled, may on recommendation of his component society be made a Past Service member, and have all the rights and privileges of membership without the payment of dues to the component or state society.

Old Section 5 will become Section 7 and old Section 6 will become Section 8.

Article VI. Section 1. now reading:

Section 1. The board of trustees, or as in this constitution and by-laws designated, The Council, whose duties are executive and judicial, shall consist of sixteen councilors elected by the House of Delegates (six shall be chosen from District Number Three and one from each of the other ten Districts, these Districts of the geographical area as of May, 1946) and three councilors-at-large with the president, president elect and secretary-treasurer ex officio. Besides its duties mentioned in etc.

to change to read as follows:

Section 1. The board of trustees, or as in this constitution and by-laws designated, The Council, whose duties etc. and one councilor-at-large (the retiring president) who shall serve a term of one year. This shall take effect with the president retiring from office in 1949 and shall not affect those retiring prior to 1949, with the president, president elect and secretary-treasurer ex officio. Besides its duties mentioned in etc.

It is proposed to add a new Section to the By-Laws Chapter IX. to be known as Section 7, Committee on Medical Testimony to read as follows:

The Committee on Medical Testimony shall be composed of eight members, two of whom shall be elected each year to serve for four years. At the first election under this By-Law two shall be elected for one year, two for two years, two for three years and two for four years.

The House of Delegates at the first meeting during the annual meeting of this Society shall appoint a committee of five including the President of the Society who shall act as Chairman, the Chairman of the Council, and three members of the House of Delegates, to be designated as the Nominating Committee. This committee shall present the names of candidates to be elected at the second meeting of the House of Delegates, as members of the Committee on Medical Testimony.

The Committee on Medical Testimony shall have authority to call in members who have been accused of giving improper testimony in court proceedings; to secure transcripts of court testimony, examine same and determine whether or not any fault exists; to censure and admonish, if deemed advisable report to the State Department of Registration and Education any gross irregularities that may have arisen.

In cases of censure or admonition, the Committee on Medical Testimony may submit its report to the Ethical Relations Committee of the County Society for whatever action is deemed advisable.

This committee shall make a report of its activities to the Council each year at the January meeting, and to the House of Delegates at the annual meeting.

REPORT OF THE WOMAN'S AUXILIARY

To the Members of The House of Delegates

As President of the Woman's Auxiliary to the Illinois State Medical Society, I wish to submit the following report:

1. MEETINGS:

My year began with a post convention Board Meeting, May 15th, 1946, at which time the Chairmen for the year were approved by the Board. Two regular Board meetings were held in Chicago. In November, the County Presidents attended to hear the Chairmen of various committees outline their work for the year. In March plans were laid for the nineteenth Annual Meeting to be held May 12th and 13th, in Chicago, which will be our twentieth Anniversary.

2. OFFICERS:

The officers for this year have fully cooperated with the President and have sought to strengthen the Auxiliary by bringing about a closer bond between the families of doctors. This is the basis of good Auxiliary work and if we fail in this part of our program, we cannot succeed in any other part.

3. ORGANIZATION:

Organization has been our main objective this year, we set ourselves a goal of 1,000 members, to date our membership is 1,063. One new Branch Auxiliary at Belleville of 27 members and one new county, Tazewell, of 18 charter members were organized, and 10 members at large were secured, representing 7 counties. The newly organized county and branch are not represented in the 1,063 membership as they will not pay state dues until March of next year. The Auxiliary now has organized or has membership at large in 27 counties. The ground work has been laid to have representation from each county in the state. The Auxiliary wishes to thank the Councilors of the State Medical Society for their help.

4. BENEVOLENCE:

This is one of the finest projects of the Auxiliary. One in which all are interested. As of April 1st, the treasurer has sent in $1,495.34. This is $599.43 more then we had at this time last year. There will be additional contributions between now and the close of the year.

5. PUBLIC RELATIONS:

The advice of the Advisory Committee of the Illinois State Medical Society was followed in the developing and maintaining of liaison contacts with other organizations. Public Relations programs were held by most counties with speakers on Pre-Payment Medical Plans.

In most cases these meetings were well attended and showed an increase of the public over previous years.

6. LEGISLATION:

The Legislation Chairman has kept in touch with all counties, and has mailed out all information received from the National Chairman of Legislation. Bulletins from the National Physicians Committee, for the extension of Medical service, also were sent out to all Committee Chairmen and the Auxiliary stands ready at all times to cooperate with doctors in furthering Medical Legislation.

7. HYGEIA:

The greatest effort put into health education by the Auxiliary is through the sale and distribution of Hygeia. This magazine is placed in schools, libraries, hospitals and many other public places.

8. SCHOOL OF INSTRUCTION:

Three Schools of Instruction were held in the state. One in Chicago, Springfield and East St. Louis. These schools were conducted by our Directors for the purpose of instructing the Auxiliary Members in the ideals and purposes of the organization and the duties of its officers.

9. PRESIDENT:

As President I have visited most of the organized counties in the state. In December I attended the Third Annual Conference of Presidents and Presidents-Elect, held by the Auxiliary to the American Medical Association. This conference is held for the purpose of discussing ideas and problems of the Auxiliary and to bring about a more cooperative and closely knit organization.

All State Chairmen were given instructions as to their duties and a close personal contact was maintained at all times. The County Presidents were invited to all meetings, that they might become acquainted not only with the work but also the members.

The encouragement and cooperation of the Advisory Committee of the Illinois State Medical Society has meant much to the progress of the Auxiliary. This committee is composed of Dr. Frank P. Hammond, Chairman, Dr. Rollo K. Packard, Dr. F. G. Beatty, and Dr. Harold Camp. Our sincerest thanks to these men for their guidance and courtesy.

The Auxiliary wishes to say as always that is remains willing to assume any task which the Medical Society may assign to it.

Respectfully submitted,

MRS. E. W. BURROUGHS,

President,

Woman's Auxiliary to

The Illinois State Medical Society.

THE SECRETARY: Each year we send out a request to each Chairman of a Committee asking that his report be submitted by a specified time so that it may be published in the Handbook which in turn is sent to each member of the House of Delegates in advance of the meeting. This year we set a deadline and held the copy for ten days after the deadline. In spite of that two reports came after the material was sent to the printer. These reports are short and I shall read them.

COMMITTEE ON MEDICAL ECONOMICS

Two years ago when this committee assumed the responsibilities of medical economics of the state society and a column in the society's journal, it was with the hope that a group of physicians would function more effectively than a single individual. Unfortunately, this aim has not been accomplished. Perhaps the group has more clearly reflected the general concept of the society but there has been a limited output of material for publication in the journal, in the last year.

The committee is currently meeting at this time and another effort will be made to increase production. If next year's results are not an improvement over the present year, it will be the suggestion of the chairman that the committee should be terminated and the Council seek another method of action.

CHAUNCEY C. MAHER, *Chairman*

COMMITTEE ON MENTAL HYGIENE

The Committee on Mental Hygiene presents the following report of its activities during the current year:

1. It considered and approved the form of medical examination submitted by the Department of Public Instruction of the State of Illinois for children with an IQ of 50 to 80.

2. It further recommended that every mentally handicapped child be given a serologic blood test in addition to a physical examination.

3. It recommended a fee of $10.00 as reasonable reimpursement for the physician making the physical examination.

4. The Committee approved the suggestion made by the Illinois Society for Mental Hygiene, that letters be sent to mothers of new-born babies giving information on the mental hygiene of the child during the first year of life.

5. One of the members of the Committee represented the Illinois State Medical Society at a meeting held in Springfield relative to the bill to be introduced before the 65th General Assembly regarding the commitment of epileptics.

6. The Committee calls attention to the resolution passed by the A.M.A. at its annual convention held in San Francisco on July 1946; that every State Medical Association take the lead in promoting and stimulating public support of a statewide program of mental hygiene and mental disease.

The Committee is happy to report that the Illinois State Medical Society has for a number of years been actively interested in mental hygiene but it further recommends that the Committee extend its activities to the improvement of the mentally ill and the cerebral spastics.

7. The Committee has under consideration a program for Community Psychiatry proposed by the

Illinois Society of Mental Hygiene and will act on it shortly.

8. An editorial on mental hygiene written by the Chairman of the Committee, appeared in the November 1946 issue of the Journal of the Illinois State Medical Society.

9. Plans are being formulated to have the members of the Committee and other physicians interested in mental hygiene, address lay groups on mental hygiene.

10. The Committee wishes to stress the urgent need of facilities in the State for the proper training of mentally handicapped children who are educable.

11. The Committee hopes to enlist the cooperation of all physicians in the State of Illinois in the furtherance of its program on mental hygiene.

Respectfully submitted,

ABRAHAM LEVINSON,
Chairman,
BERT I. BEVERLY,
GERALD M. CLINE,
WALTER M. WHITAKER,
RUDOLPH G. NOVICK.

THE PRESIDENT: There is no unfinished business so we will proceed to new business and the first item will be the introduction of resolutions.

DR. ROLLO KIRK PACKARD, Chicago: I have three resolutions to introduce.

1. *The Creation of A Board For General Practitioners*

Whereas, there is a growing feeling among many men both in the Specialties and particularly among the General Practitioners that there should be a Board created for the General Practitioner and that he should have a place on the Hospital Staff recognizing his ability in the field of General Practice, therefore be it

Resolved, that the House of Delegates of the Illinois State Medical Society now in Session recommend that General Practitioners be admitted to Hospital Staffs and designated as the General Practice Division of Their Staff, and be it further

Resolved, that this House of Delegates request the American Medical Association through its proper Councils to create a Board for General Practitioners and to set minimum Standards for their admission to the Staff and define in a general way the type of work that they be allowed to do in the Hospital as a General Practitioner, the final determination to be made by the Hospital Staff.

2. *Availability of Interns in General Hospitals*

Whereas, the number of Internships available is approximately twice the number of graduates, and

Whereas, universities and their controlled or affiliated Hospitals consume a large proportion of these graduates in marked disproportion ot other Hospitals now approved by the American Medical Association for Internships, there be it

Resolved, that the American Medical Association through its Council on Medical Education and Hospitals make a study of this problem and attempt to make some just distribution of available Internes to Hospitals other than those connected with Universities.

3. *Campaign of Public Education on Tuberculosis*

Whereas, the mortality and morbidity from tuberculosis is not declining as rapidly as it should, and

Whereas, there is renewed professional and public interest in the prevention and cure of this disease, and

Whereas, early detection is the most efficient means we have of stopping the spread of the disease and of curing the disease, therefore be it

Resolved, that the House of Delegates of the Illinois State Medical Society now in session recommend to all hospitals in the State of Illinois that a fluoroscopic examination and chest x-ray be made on all patients admitted and be it further

Resolved, that every County in the State and every component Branch of the Chicago Medical Society develop a campaign of public education through the profession and various organizations, to the end that every individual living in those areas may have the advantage of a fluoroscopic examination of the chest and an x-ray of the chest.

DR. H. K. SCATLIFF, Chicago: I wish to introduce the following resolution:

4. *A Resolution to Provide for Investigations of Methods of Providing Retirement and Pension Funds for Incapacitated and Retired Physicians*

Whereas, it is becoming increasingly evident that the economic situation of the physician in the United States is, and will become, more difficult and

Whereas, the physician is too frequently in his declining years the recipient of charity either from our own Society or from some other agency; or is forced to continue his labors beyond his physicial capacities and

Whereas, other professional groups — notably teachers, ministers etc. — equally cognizant of their social significance have banded together to attain security for their aged and incapacitated members, be it

Resolved, that the Illinois State Medical Society appoint a special committee to investigate and thoroughly assay the merit and possibilities of such Retirement Plans and/or the acquisition and disposition of Pension funds as may be applicable to the medical profession, and be it further

Resolved, that this Committee, to be known as the Pension and Retirement Committee report as fully as possible at a future meeting to the House of Delegates.

DR. F. P. HAMMOND, Chicago: I have two resolutions from the Woman's Auxiliary:

5. *Contribution to the Woman's Auxiliary by the State Society to Defray Convention Expenses*

Whereas, the Woman's Auxiliary to the Illinois State Medical Society deplores the situation which for many years has existed which requires the president of the Woman's Auxiliary to provide in advance, funds to finance each annual convention of the Auxiliary; and

Whereas, many State Medical Societies make definite contributions (varying from $800.00 to $2000.00 annually) in advance for financing conventions of their

respective auxiliaries without requesting itemized statements of expenditures; therefore, be it

Resolved, that the House of Delegates of the Illinois State Medical Society instruct its Council to make a contribution in advance of sufficient amount to cover necessary convention expense of the Woman's Auxiliary to the Illinois State Medical Society.

6. *Request by the Woman's Auxiliary for Space in Illinois Medical Journal*

Whereas, the Woman's Auxiliary to the Illinois State Medical Society has not been given adequate space in the Journal of the Illinois State Medical Society; therefore be it

Resolved, that the House of Delegates of the Illinois State Medical Society recommend that the Editor of the Illinois State Medical Journal provide space each month for publicizing the activities of the Woman's Auxiliary to the Illinois State Medical Society.

DR. OSCAR HAWKINSON, Chicago: The following resolution was introduced one year ago but failed of adoption. It is now re-introduced.

7. *Change in Name of Committee on Professional Demeanor*

Whereas, members of the medical profession are and will, from time to time, be subjected to malpractice suits and

Whereas, it is natural to turn to one's colleagues for support and advice in such contingency and

Whereas, the name of the Committee now coordinating such activity leads to confusion and misunderstanding, be it

Resolved, that this Committee be called the Medico-Legal Committee and that the Constitution and By-Laws be made to conform to such procedure.

DR. W. D. STEVENSON, Quincy: This resolution is partially a supplementary report of the Chairman of the Council.

8. *Contract with the U. S. Veterans Administration*

Recently a new contract has been submitted to the Chairman of the Advisory Committee to the Veterans Administration in which certain changes have been made in the previously established fee schedule.

This was submitted to the Council by the Chairman of this committee with the recommendation that a new contract be not signed at this time. Therefore I submit the following resolution:

That the House of Delegates concur in the recommendation of the Council Committee that in as much as the present contract with the United States Veterans Administration is still in force that the Illinois State Medical Society do not sign a new contract with said Administration at this time.

THE SECRETARY: I have several resolutions which have been sent to the Secretary's office.

9. *Establishment of an American Academy for Cerebral Palsy*

Whereas, the care and treatment of cerebral palsy is recognized as an important medical problem and one of rapidly increasing interest to the medical profession; and

Whereas, there is a recognized need for greater emphasis and stimulation in providing special training for personnel required for the care and treatment of cerebral palsy; and

Whereas, there is a recognized need for establishing training standards and qualifications for the personnel required for the care and treatment of cerebral palsy; and

Whereas, to meet these needs for emphasizing and stimulating special training and for establishing training standards and qualification for personnel, there has been organized the American Academy for Cerebral Palsy; therefore be it

Resolved, that the American Medical Association go on record as looking with favor upon the establishment of the American Academy for Cerebral Palsy; and

Resolved, that the American Academy for Cerebral Palsy be encouraged to work for the accomplishment of its dedicated objectives.

10. *Change of Policy of American Specialty Boards*

Whereas, certain of the American specialty boards not only refuse to grant credit for experience and training acquired in the field of general practice, but have also recently announced discontinuance of their former practice of according credit for preceptorships with a certified diplomate and have ruled instead that every applicant for certification must serve a lengthy residency following his internship; and

Whereas, this recent change in policy constitutes an unfair imposition on many returned medical veterans and other young physicians who find it impossible to obtain such residencies; and

Whereas, doctors entering the various specialties without any experience or training in the field of general practice find it difficult, if not impossible, to develop a broad over-all understanding of the field of medicine as a whole, and

Whereas, general practice offers unique opportunities for the development of individual initiative, self reliance, personality development and professional growth; and

Whereas, it is the opinion of the American Medical Association that general practice and preceptorships are two of the best methods of teaching the art of medicine; and

Whereas, qualified and experienced preceptors already certified by these boards are available in all parts of the United States; and

Whereas, the art of medicine is frequently neglected in hospital residencies owing to overemphasis on the science of medicine; now therefore be it

Resolved, that the House of Delegates of the American Medical Association requests the Advisory Board for Medical Specialties and the several American specialty boards to review and reconsider their policies in relation to general practice, residencies and preceptorships in accordance with the foregoing statements.

11. *Clarification of Rules Relating to Medical Service Fees Received From the Federal Government*

Whereas, many members of the American Medical Association are now being remunerated financially

by various branches of the Federal Government as the result of pension rights or retirement pay from the Army or Navy and for services rendered as Veterans Administration Consultants, teachers in Veterans Administration Institutions, experts in Federal Compensation cases or as participants in "Hometown Care Plans"; and

Whereas, much confusion now prevails regarding the numerous rules, regulations and directives of the various branches, bureaus, agencies and commissions of the Federal Government; and

Whereas, the receipt of income from one branch of the Federal Government would seem in certain instances, to preclude the acceptance of fees from other branches of government, now therefore be it

Resolved, that the House of Delegates of the American Medical Association instruct the editor of the Journal of the Association and the Bureau of Legal Medicine and Legislation to collect, annotate, analyze, interpret and publish a digest of, all the rules and regulations of the Federal Government pertaining to medical practice and medical service fees.

12. *The Holding of Hospital Staff Meetings*

Whereas, the American College of Surgeons has decreed that approved hospitals must hold staff meetings in each of the calendar months and

Whereas, we believe this requirement was laid down without due consideration of the hardship it works on the attending staff members during the hot summer months, especially where a physician is on the staff of more than one hospital,

Whereas, being forced to attend such meetings under these conditions does not tend to develop the most helpful type of program,

Now therefore be it Resolved, that the house of Delegates of the Oklahoma State Medical Association, in regular session assembled, go on record as opposed to required hospital staff members meetings during the summer months and respectfully request that the American College of Surgeons return to the former schedule of hospital staff meetings,

And be it further resolved, that a copy of this resolution be forwarded to the American College of Surgeons and the American Hospital Association and the American Medical Association.

DR. FRANK DENEEN, Bloomington: I wish to introduce the following resolution in behalf of the Madison County Medical Society. This comes up every year.

13. *Direct Payment by the Illinois Public Aid Commission For Services Rendered*

As members of the Medical Advisory Committee for Madison County we desire that you use your influence among other delegates to the end that the Illinois Public Aid Commission law for aid to pensioners be amended to permit direct payment for medical services rendered. By so doing the commission could effect a saving in settling the larger bills because the individual physician would be relieved of the uncertainty of payment. We are likewise opposed to physicians charging for drugs dispensed for the reason that the local pharmacist, being a taxpayer, is entitled to this business.

THE SECRETARY: My office has received two resolutions similar in character to the one presented by Dr. Deneen. I answered each one giving information you already have, that in any of these projects where funds are supplemented by the Federal Government and matched by the State you can not do anything except recommend a change in the federal law.

DR. ROBERT K. CAMPBELL, Springfield: I wish to introduce the following resolution:

14. *Establishment of a Section on Diseases of the Chest in the Scientific Assembly of the American Medical Association*

Whereas, there are approximately 2500 physicians and surgeons in the United States engaged in the practice of diseases of the chest, and

Whereas, this specialty has made notable progress in advancing the knowledge of diseases of the chest during the past ten years, and

Whereas, the specialty is well established and recognized among the members of the medical profession and the public, and

Whereas, three hundred eight-eight (388) chest specialists registered at the annual meeting of the American Medical Association held in San Francisco, July 1-5, 1946, and

Whereas, of the seventeen (17) sections of the American Medical Association in only four, viz, internal medicine, general and abdominal surgery, obstetrics and gynecology, and the general practice of medicine, did the registration exceed this number, and

Whereas, diseases of the chest constitute a very large and important segment of the entire volume of medical practice,

Therefore, be it Resolved, that the House of Delegates of the American Medical Association approve the estalishment of a section on diseases of the chest in the Scientific Assembly of the American Medical Association.

THE PRESIDENT: If there is no further business I will entertain a motion for adjournment.

DR. W. O. THOMPSON, Chicago: I move we adjourn to meet again on Wednesday morning at 9 o'clock. (Motion seconded by Dr. Mather Pfeiffenberger of Alton and carried).

The House adjourned at 4:40 P.M.

Proceedings of the Second Session of the House of Delegates Will Appear in the August Journal

Council Meeting Minutes

May 25, 1947

The regular reorganization meeting of the Council was held at the Palmer House on Sunday, May 25, 1947, with the following present: Neece, Hopkins, Hughes, Pettitt, Pond, Hawkinson, Hedge, Harker, Sweeney, Saunders, Blair, Peairs, Stevenson, Hulick, Lane, Hamilton, Berghoff, Camp, Hutton, Leary, Neal, Cross, Joseph H. Chivers and Frances Zimmer.

Committee Appointments

The first order of business was the reading of the committee appointments for the 1947-1948 fiscal year. (A list of the committees is published on page 4 of this issue.)

MOTION: (Hamilton-Harker) that the appointments be confirmed and the secretary instructed to notify the men of their appointments and the duties involved. Motion carried.

As there were no alterations or corrections, the minutes of the meeting of the Council on April 20th, and the four meetings of the Council held during the annual meeting were approved as mailed to members.

Secretary's Report

The secretary read his report summarizing the annual meeting highlights. The total registration was 3,354; 2,481 physicians registered and 392 technical exhibitors and 481 guests. The scientific programs were well received — John A. Mart developed an outstanding scientific exhibit this year. The technical exhibitors were all well satisfied; registration at the various booths was excellent, and the additional time allowed by "recess periods" was popular with the various companies.

The Palmer House states that they are holding May 10-12 as the dates for our 1948 annual meeting. These dates follow the Tri-State Hospital Association again, and of course this is an advantage to the technical exhibitors. The Council should take action relative to the time and place for next year's annual meeting today.

The budget for the Educational Committee should be considered and the establishment of a budget for the Scientific Service Committee should be worked out. The Council should also consider employing a stenographer in the Chicago office, and budget allowance should be made for this already-authorized personnel.

MOTION: (Hawkinson-Hedge) that the report of the Secretary be received. Motion carried.

Report of the President

Neece reported as president, stating that he had begun to realize the many ramifications of the office. There are definite signs on the horizon indicative of work ahead and for the need for close cooperation on the part of all members of organized medicine. The federal situation becomes more complicated — the Taft Bill has been introduced and hearings are being held — the new Senate Bill No. 1320 was presented and undoubtedly will be referred to committee in the future. The meeting of Presidents and Officers of State Societies at Atlantic City should present information of interest to all members of the Council. Communications from the A. M. A. and the N. P. C. should be checked by all who receive them, and we should be conscious of national legislative activity again.

The President-elect stated that he had no report, and there were no reports from individual councilors relative to problems in the various Councilor Districts.

Executive Session

MOTION: (Hamilton-Hopkins) that the Council go into Executive Session. Motion carried.

NOTE: All non-members asked to leave the room. In executive session, salaries and honorariums were decided upon.

MOTION: (Hawkinson-Berghoff) that Harold M. Camp be elected as Editor of the Illinois Medical Journal for the 1947-1948 fiscal year. Motion carried.

The Council rose from executive session by proper action.

The question of stenographic help in the Chicago office of the Society was discussed. The general opinion was that the girl employed should be "working for the Illinois State Medical Society" and should be under the supervision of the secretary.

In his absence, she is to be responsible to Miss Fox as secretary of the Educational Committee. Her services are to be available for the Journal, the secretary when he is in Chicago, and any other committee needing stenographic assistance.

MOTION: (Hedge-Hopkins) that a stenographer be employed by the Illinois State Medical Society to be under the supervision of the secretary of the Socicty, and that the salary not be assessed against the appropriation for the Educational Committee. Motion carried.

1948 Annual Meeting

The Council discussed the letter received from the Chicago Medical Socicty delegates' caucus relative to taking the annual mecting downstate every other year. This request came from the Chicago caucus and not from the House of Delegates, but was the expression of what the men desired. Camp reported the a conversation with Mr. Collison of the Palmer House had established several facts relative to an annual meeting here. (1) If we take the annual meeting out of the Palmer House one year, we will have to wait several before we can get back in. (1948 downstate for example, the next meeting at the Palmer House could be scheduled for 1952) (2) Collision is holding May 10-12 for our 1948 dates, and would like to hear from us relative to our meeting, since three other groups are willing to accept these dates if we do not. (3) He could schedule a fall meeting for us at the Palmer House in 1950.

Camp stated that in order to have a meeting in either Springfield or Peoria, some three or four buildings would have to be used in order to provide the correct number of mecting rooms. The hotels will not guarantee even 500 rooms for guests, and the physicians would have to stay in private homes in either city.

MOTION: (Hamilton-Hopkins) that May 10-12 be the dates for the 1948 annual meeting, set temporarily for the Palmer House, and that that the secretary check the facilities for a downstate meeting and report back at the next meeting of the Council. Motion carried.

Medical Service and Public Relations

Hutton reported that there had been a joint meeting of the Educational Committee and the Committee on Medical Service and Public Relations held Saturday afternoon, May 24th. Discussed committee's agenda in detail.

The Committee approved sending a folder carrying the title: "Health Talk" and "Educational Committee, Illinois State Medical Society" to physicians throughout the state for waiting room display.

S. No. 291

Hutton discussed the three bills to be presented in Springfield relative to tuberculosis control.

Neal's Report

Neal told of his work in Springfield. There are five bills in Springfield at this time dealing with experimental animals. Two are serious and deal with the transportation of experimental animals up and down the state. Since the schools use animals from downstate and the local supply is not adequate, and since the Humane Society is given power and official recognition by these bills, they might easily be in charge of experimental animals by the enactment of this type of bill.

The hospital licensing bill (which includes nursing homes) should be supported, and it is hoped that it will pass. This will regulate the fire hazards, food handling, etc., for the protection of the patients.

On the federal scene, the Taft Bill, S. 545, is in committee; on May 20th, S. 1320 was introduced and varies very little from the old Wagner-Murray-Dingall Bill. Hearings will probably be scheduled for June.

Cross on S. 291

Cross stated that there are three Glackin Acts in Illinois: (1) that provides a ¾ mill county levy; (2) that a certain district may join together for the purpose of providing care for tubercular patients, and (3) that a municipality may issue a tax levy. The city of Chicago has never levied one-half the amount possible under this act, and it is hoped that the legislature will raise the levy so that Chicago can levy as much as other counties now do. Bill No. 291 shifts the responsibility from the local to the state level, and provides $2.00 per bed patient regardless of the local aid available. Under this act most of the money would go where the county is levying the least local assessment. Two areas need this at the present time — Chicago and the extreme southern part of the state. If the beds are not available for the patients, provision to pay $2.00 would not be of particular assistance. We are requesting $7,000,000 for construction of hospital beds in Cook County and $2,000,000 for downstate. This is the number one problcm today. We have a definite need for control of tuberculosis as a communicable disease. At this time there is no real need downstate for funds for hospitalization; most of the downstate tubercular sanatoria are full and a waiting list exists. This bill would centralize control at the state level, and it is definitely more desirable to have this work remain at the county level.

Leary's Report

Leary stated that most of his report had been well covered by Dr. Hutton in his report of the joint meeting of th Educational Committee and the Committee on Medical Service and Public Relations. He outlined the work done during the annual meeting.

Prepayment Medical Care Committee

Hopkins stated that since the House of Delegates had extended the powers of the Committee, a freer functioning was possible, and additional companies and various policies could now be approved by proper action. The A. M. A. Council on Medical Service will carry a page in its Handbook dealing with the Illinois Plan, and the descriptive literature for Illinois is in very good order.

Chivers on Industrial Health

As Chairman of the Committee on Industrial Health of the Illinois State Medical Society, Chivers asked consideration of a legislative enactment which will promote a program for improving the means by which industrial hygiene and occupational disease control can be studied in Illinois. There is need for specific laws enacted by the State legislature placing the jurisdiction of all industrial health activities under the control of the State Department of Public Health — thereby creating a Division of Industrial Hygiene, and defiining its powers and duties.

Since 1936 there have been two departments of industrial hygiene operating in Illinois — one under the Department of Public Health and the other under the Department of Labor. The Division of Industrial Hygiene was established by the Health Commissioner in 1936 under the general health laws of Illinois, and this Division is not a product of special legislation either in its genesis or from the standpoint of financial support.

The request is for an Industrial Hygiene Division in the Department of Public Health through appropriate legislation; that all of the activities of the state in the field of industrial hygiene be placed under the jurisdiction of such Division; that the proposed Division be supplied with an adequate staff and an adequate budget to properly serve the industries of Illinois.

The Committee on Industrial Health of the Illinois State Medical Society has approved this measure and asks that the Council endorse the proposal.

MOTION: (Hamilton-Hedge) that the Council concur in the recommendations of the Committee on Industrial Health. Motion carried.

Berghoff on Postgraduate and Scientific Service

Berghoff reported as Chairman of the Postgraduate Committee and also of the Scientific Service Committee. He recommended that the Council approve twelve postgraduate meetings throughout the state during the coming year. The program should be one of expansion, and ten such meetings were authorized last year.

MOTION: (Berghoff-Harker) that twelve postgraduate meetings be authorized for the 1947-1948 fiscal year. Motion carried.

Berghoff also requested an independent budget for the work of the Scientific Service Committee, formerly financed through Educational Committee funds.

MOTION: (Blair-Harker) that a budget for the Scientific Service Committee be established and $1,500.00 be authorized as a trial sum. Motion carried.

Berghoff stated that Councilors should contact the Postgraduate Committee, state when and where they would like to have the meeting in each District, the type of program desired, and how they would like to have the meeting handled.

O.K. on Rheumatic Fever Program

Camp stated that a majority of the Councilors had replied favorably to the letter and outline sent to each member of the Council asking for an extension of the program in Illinois for rheumatic fever patients. The request came from Stanley Gibson, and the work is under the jurisdiction of Doctor Kobes, Director of the Division for Crippled Children of the University of Illinois.

Medical Testimony and Benevolence Committee Reports

Hawkinson reported that the House of Delegates had amended the Constitution and By-Laws and had created the Committee on Medical Testimony which should have its personnel elected by the House. Until such time as the House can act in 1948, the personnel of this Committee should be named by the President of the Society. Such appointments should be made, and the Committee should organize and plan its activities.

Hawkinson also stated that activity was slow in the collection of funds for the Benevolence Committee. Some have suggested that an assessment be made against every member of the Society; some have suggested that a portion of each year's dues be set aside for this fund. The $100,000 should be raised, and it is suggested that the list of contributors be broken down by counties and distributed to the county society secretaries.

Emeritus Members

MOTION: (Neece-Blair) that the following physicians be elected to Emeritus Membership: Dr. C. O. Boyton, Sparta, Randolph County; Dr. T. Alfred Jones, Menard, Randolph County. Motion carried.

House of Delegates Resolutions

The Chairman of the Council stated that the resoultions referred the Council by the House of Delegates for consideration, should be mimeographed in the secretary's office and mailed out to members.

MOTION: (Hedge-Hopkins) that the bills as audited by the Finance Committee be paid. Motion carried.

The Council adjourned at 12:30 p. m.

Respectfully submitted,

HAROLD M. CAMP, M.D., Secretary

By: F. C. Zimmer



News of the State

PERSONALS · COMING EVENTS · MARRIAGES · DEATHS

ADAMS COUNTY

Society News.—"Medical Trends" was the title of an address by Dr. Ralph A. Kinsella, professor of internal medicine, St. Louis University School of Medicine, before the Adams County Medical Society at the Hotel Lincoln Douglas, Quincy, May 12.

CHAMPAIGN COUNTY

Personal.—Dr. G. Calvin Williamson, who graduated at the University of Illinois College of Medicine and who was recently released from service of the Navy, recently opened his office at 110 South Race Street, Urbana.

COLES-CUMBERLAND COUNTIES

Fifty Year Members.—A feature of the Postgraduate Conference of the Illinois State Medical Society in Mattoon, April 17, was the presentation of gold pins and certificates to new members of the Fifty Year Club of the society. Dr. Harlan English, Danville, presiding as Councilor of the Eighth District, made the presentation to the following : Drs. T. T. Telfford and W. E. Fritschli, Olney, Cyrus Harris, Casey; George Loesch, Palestine; N. C. Iknayan, Charleston, R. C. Gillogly, Newman and J. W. Kirk, Oblong. Two new members who were not present were Drs. D. L. Wilhoit, Martinsville, and J. J. Hinkley, Westfield.

Dr. O. W. Ferguson, Mattoon, who attended the day's program, has been a member of the Fifty Year Club for about ten years.

COOK COUNTY

Edwin Jordan Leaves AMA.—Dr. Edwin P. Jordan has resigned as associate editor of The Journal of the American Medical Association, effective June 1. Dr. Jordan had been a member of the staff of the Association for many years.

Paul Campbell Honored.—Col. Paul A. Campbell, Chicago was presented with the Legion of Merit Award in a special ceremony at the University of Illinois College of Medicine recently. The citation accompanying the award stated that Dr. Campbell "as director of research, Army Air Forces School of Aviation, from May 1942 to October 1945, directed a research program which provided solutions to hundreds of medical problems associated with aviation. Colonel Campbell's outstanding professional ability and extraordinary achievements reflect upon himself and the armed forces of the United States."

Good Health for the Dentist.—The Chicago Dental Society devoted its meeting May 20 to a symposium on "Good Health for the Dentist." Speakers included Louie T. Austin, D.D.S., Rochester, Minn., on "Common Ailments of Dentists Treated at the Mayo Clinic;" Dr. Fremont A. Chandler, Chicago, "Posture — Bone, Joint and Muscle Disturbances," and Dr. Chauncey C. Maher, Chicago, "Cardiac Diseases — Their Symptoms and Prevention."

Frode Jensen Goes to Colorado.—Dr. Frode Jensen, hospital inspector, Council on Medical Education and Hospitals, American Medical Association, has resigned, effective June 1, to become director and coordinator of postgraduate medical education at the University of Colorado Medical School, Denver. Dr. William R. Albus, Chicago, is a new hospital inspector on the staff of the Council on Medical Education and Hospitals.

German Nutrition Survey.—Dr. John B. Youmans, dean of the University of Illinois College of Medicine, Chicago, left April 11 for Berlin, Germany, to serve as nutrition consultant in a survey of the American, British and French occupation zones. The twelve man committee toured cities of the three zones to examine groups of the population and confer with organizations dealing with nutrition.

State Survey of Child Health Service.—The Illinois county chapters of the National Foundation for Infantile Paralysis have contributed $21,150 to the cost of a statewide study of child health service now being conducted by the American Academy of Pediatrics. The sum is 70 per cent of the $30,000 which the academy estimates is the cost of the survey, directed by Dr. George S. Frauenberger, Evanston. When completed in two years it will supply data on the extent and nature of existing medical facilities for children in the state and disclose further needs in the field.

Society of Internal Medicine.—The annual dinner

of the Chicago Society of Internal Medicine was held May 26 at the Drake Hotel at 7:30 for members only. Besides the annual business meeting Fay-Cooper Cole, Ph.D., professor and chairman of the department of anthropology, University of Chicago, addressed the group on "Medicine Man."

The Mayo Lecture.—The Charles H. Mayo Lecture was delivered May 21 at 4 p.m. in the Archibald Church Library of the Northwestern University Medical School by Dr. Herbert J. Seddons, Nuffield professor of orthopedic surgery, University of Oxford, and surgeon in chief, Winfield-Morris Orthopedic Hospital, London, on "Surgical Experiences in Peripheral Nerve Injuries."

Physicians Honored by Hospital.—Twelve physicians, either past presidents or veteran members of the staff of Mercy Hospital, were presented with memorial keys May 19 at the annual staff dinner in the hospital, attended by 125 physicians and their wives. Edward J. Kelly, former mayor and chairman of Friends of Mercy, asked for cooperation in a drive to raise $6,000,000 to build a new hospital. He pointed out there is now a shortage of 16,000 hospital beds in Chicago. Recipients of the honorary keys were Dr. Robert S. Berghoff, outgoing president; Dr. George D. J. Griffin, new president, and Drs. L. D. Moorhead, Herbert L. Schmitz, Michael McGuire, Milton Mandel, J. E. Kelley, W. G. Jeffries, Walter McGuire, William J. Pickett, C. A. Connor and Robert Black.

Vincent O'Conor Named Head of Department.—Dr. Vincent J. O'Conor, associate professor of Urology, Northwestern University Medical School, has been appointed professor and head of the department of urology, it was reported May 30. He succeeds Dr. Louis E. Schmidt who has been given the rank of emeritus professor. Dr. O'Conor graduated at the University of Illinois College of Medicine in 1918. Before joining the staff of Northwestern, Dr. O'Conor had served as associate professor of urology (surgery) at Illinois.

Committee on Public Information at Medical School.—Dr. Eric Oldberg, professor of neurology and neurologic surgery and head of the department, University of Illinois College of Medicine, Chicago, has been named chairman of a committee on public information, appointed by Dr. Andrew C. Ivy, "to study and advise the Office of Public Information and faculty members regarding information on medical, dental and pharmaceutical subjects to be released to the press." Other members are Dr. Carl Pfeiffer, professor and head of the department of pharmacology, materia medica and therapeutics; Isaac Schour, D.D.S., professor and head of the department of histology, and associate dean of the College of Dentistry in charge of postgraduate studies; George Webster, Ph.D., professor of chemistry, and Mr. J. W. Armsey.

Personal.—Dr. Louis B. Newman, chief, medical rehabilitation service, Veterans Administration Hospital, Hines, has been appointed a member of the department of physical medicine, Northwestern University Medical School.—Dr. Ben G. Fishkin resigned March 1 from the department of pathology, University of Illinois College of Medicine to become pathologist at a veterans' hospital in Los Angeles.—Dr. Ray S. Snider, who spent twenty-six months as senior pathologist with the atom bomb project at Oak Ridge, Tenn., is now a member of the staff of Northwestern University Medical School.—Dr. Robert S. Berghoff, immediate past president of the Illinois State Medical Society, Chicago, has been appointed a member of the Chicago Board of Education. Dr. Italo F. Volini, professor and head of the department of medicine, Loyola University School of Medicine, recently resigned as a member of the School Board.

The D. J. Davis Lecture.—Dr. William S. Middleton, dean, University of Wisconsin Medical School, Madison, delivered the fourth annual D. J. Davis Lecture on Medical History, April 9, on "Wisconsin Men in Chicago Medicine." This lecture series was created by the associates and friends of Dr. Davis on his retirement as dean of the University of Illinois College of Medicine in 1943. The committee in charge of the lecture series is composed of Prof. Tom Jones, chairman, Drs. Warren H. Cole, Frederick H. Falls, Wilbert E. Post, and Dr. Davis.

Portal House New Clinic for Treatment of Alcoholism.—The Chicago Welfare Department and the Chicago Committee on Alcoholism are cooperating in a new eighteen bed section to be known as "Portal House" at the Convalescent Home, 5019 Vincennes Avenue. Norman Bruel, Hartford, Conn., trained in the Yale Clinics Plan for Alcoholism, is in charge of the section. The Alcoholism Committee, which has set up temporary headquarters at 816 South Halstead Street, and the Welfare Department will cooperate with Alcoholics Anonymous, newspapers reported.

Symposium on the Tuberculosis Problem.—A symposium on recent developments in the tuberculosis problem in Chicago was held at 8 p.m., April 10, at the Bismarck Hotel at a joint meeting of the Chicago Tuberculosis Society and the Tuberculosis Institute of Chicago and Cook County. Speakers for the meeting included Dr. James H. Hutton, chairman, Tuberculosis Control Committee of the Chicago Medical Society; Dr. Arthur W. Newitt, Chicago tuberculosis control officer; Earl F. Kleinschmidt, director, Tuberculosis Institute of Chicago and Cook County, and Mr. W. P. Shahan, director, Tuberculosis Association of Illinois.

Jessie Horton Koessler Fellowship.—The Jessie Horton Koessler Fellowship of the Institute of Medicine of Chicago for the aid of research in biochemistry, physiology, bacteriology or pathology will be available September 1. The stipend is $500 a year, with the possibility of renewal for one or two years. Only such applications will be considered as

are approved by the head of the department in the fields mentioned or by the director of a research institute or laboratory in Chicago and which stipulate that the recipient of the fellowship shall be given adequate facilities for carrying out the proposed research. Applications will be received up to July 1, and they should be sent in quadruplicate to Dr. Paul R. Cannon, Chairman of the Committee, 950 East 59th Street, Chicago 37. Since there are no formal blanks, applications should be made by letter.

Moorehead Memorial Fund.—A committee to plan a suitable memorial to the late Frederick B. Moorehead, D.D.S., M.D., former dean of the College of Dentistry, University of Illinois, Chicago, has been created by the Alumni Association of the college. The alumni and friends of Dr. Moorehead in the medical and dental professions are asked to send their checks to Robert I. Humphrey, D.D.S., Treasurer, Moorehead Memorial Committee, 185 North Wabash Avenue, Chicago.

DU PAGE COUNTY

Personal.—Dr. P. Kenneth Gieser, eye specialist, Wheaton, left last month for Kano, Nigeria, West Africa, to take charge of an eye hospital. Dr. Gieser graduated from Northwestern University Medical School, Chicago, and had additional training at the Illinois Eye and Ear Infirmary in Chicago.

FRANKLIN COUNTY

New Officers.—Dr. Robert C. Steck, Christopher, was named president of the Franklin County Medical Society at a meeting in West Frankfort, April 19. Other officers include Drs. C. H. Williams, vice president, and A. F. Barnett, secretary-treasurer, both of West Frankfort. Dr. J. B. Moore, Benton, was elected to the house of delegates of the Illinois State Medical Society.

KANKAKEE COUNTY

Personal.—Dr. George W. Morrow, superintendent of Kankakee State Hospital, recently was certified by the American Board of Psychiatry and Neurology. Other members of the staff who are certified are Drs. Abraham Simon, assistant superintendent, Charles J. Katz, clinical director, George G. Asselin, James D. Hunter and Harriett S. McCarthy.

LIVINGSTON COUNTY

Society Chooses Officers.—Dr. A. J. McGee, Dwight, was elected president of the Livingston County Medical Society at a meeting in Pontiac recently. Dr. Harold Schroder, Pontiac, was named vice president, and Dr. Otis Law, Pontiac, secretary-treasurer. Dr. O. L. Bettag, Pontiac, was named delegate to the state medical society and Dr. Law, alternate delegate. New members of the society include Drs. Thomas J. Barrett, Minonk, Michael Lavin, Pontiac, John Langstaff, Fairbury, and Alexander S. Hartman, Dwight. Dr. Meyer Brown, Chicago, addressed the society on "Recognition and Treatment of Mild Depressive States," and Dr. Edwin Rypins, Bloomington, "War Experiences in the Philippines."

MACON COUNTY

Largest Membership in History.—The Macon County Medical Society with ninety-nine members on April 6 had the largest membership in its history, according to the Decatur Herald-Review. Eleven of the members are located in towns outside of Decatur, five members are women and six are employed in hospital or governmental positions. About eight are no longer in active practice. Since January of this year sixteen new members had been added to the society. Twenty-five members of the society were in service during World War II.

Society News.—Dr. Harold C. Voris, professor of neurosurgery, Loyola University School of Medicine, Chicago, addressed the Macon County Medical Society, May 27, on "Neurosurgical Conditions in General Practice."

Personal.—Dr. Maurice D. Murfin, secretary of the Macon County Medical Society, Decatur, was elected secretary of the Association of County Medical Society Secretaries during the annual meeting of the Illinois State Medical Society, May 12-14.

Ruling on Membership.—A medical society member who moves his permanent residence from Macon County may not continue his membership in the society, according to the Bulletin of the Macon County Medical Society. This ruling, in line with the by-laws of the American Medical Association, was made at the monthly business meeting of the society at the Hotel Orlando, May 2. The resolution passed by the session states that "any member changing his permanent residence from the county shall be notified that his dues cannot be accepted and that he will be dropped from membership." Members immediately affected by this rule include Drs. Leo C. Harris and J. Francis Miller. New members of the society are Drs. Everett S. Fogle and Robert R. Harriage.

MASSAC COUNTY

New Officers.—Dr. Stephen P. Ward was reelected president of the Massac County Medical Society at a meeting in Metropolis, April 1. Other officers reelected include Drs. Virgil O. Decker, vice president, and George F. Cummins, all of Metropolis. Dr. Warner A. Gray, Metropolis, was chosen delegate to the state medical society in May and Dr. Vincent M. Timm, alternate.

OGLE COUNTY

Personal.—Dr. Raymond J. Mann, Chicago, recently released from service in the Navy, has become associated with Dr. Lambertus Warmolts.

PEORIA COUNTY

Society News.—Dr. Myron D. Miller, tuberculosis control division, U. S. Public Health Service, addressed the Peoria Medical Society at the Peoria Municipal Tuberculosis Sanitarium, May 20, on "Recent Developments in Management and Control of Tuberculosis."

PIKE COUNTY

Fifty Year Member.—Dr. Samuel B. Peacock, Pittsfield, was recently made a member of the Fifty Year Club of the Illinois State Medical Society. The presentation of a gold pin and citation was made at a meeting of the Pike County Medical Society by Dr. James Goodwin, Pleasant Hill, acting for the state medical society.

TAZEWELL COUNTY

Professional Committee Checks on Hospital Work.—Members of the medical staff of the Pekin Public Hospital, at a regular meeting April 16, named nine doctors to review the professional care given in the hospital. The committee will keep a constant check on the various services of the hospital and will make regular monthly reports to the staff as a whole. It is believed that this policy will ensure the maintenance of high standards at the hospital.

WABASH COUNTY

Connecticut Physician to Head Health Unit.—Dr. Dael E. Scholz, Middletown, has been chosen director of the Bi-County Health Department of Lawrence-Wabash Board of Health, newspapers reported April 25.

WINNEBAGO COUNTY

Disaster Relief Committee Named.—Dr. Charles L. Leonard, Rockford, president of the Winnebago County Medical Society, has named a disaster relief committee of five doctors to assist the local Red Cross in case of a castrophe of any kind. Committee members are Drs. Norman L. Sheehen, chairman; H. Dick Countryman, M. C. Lindman, J. W. Sheagren and Dr. Leonard.

The committee will work out a master plan to provide medical aid in case of need.

GENERAL

New Society of Maxillofacial Surgeons.—At a meeting February 13 in Chicago the newly organized American Society of Maxillo-Facial Surgeons elected Dr. Carl W. Waldron, Minneapolis, president, Dr. John W. Kemper, Ann Arbor, Mich., vice president, and Dr. Casper M. Epsteen, Chicago, secretary-treasurer. Membership in the society may be secured by invitation only for doctors of both medicine and dental surgery. The society will hold its first annual meeting in conjunction with the annual session of the American Medical Association in Atlantic City.

Special Society Elections.—At a recent meeting the American College of Allergists elected Drs. Hal M. Davison, Atlanta, Ga., president-elect; George E. Rockwell, Milford, Ohio, and Willard S. Small, Jr., Pasadena, Calif., vice presidents, and Frederick W. Wittich, Minneapolis, secretary-treasurer. Dr. Leon Unger, Chicago, was installed as president.—The Society of Physical Medicine has elected Drs. Eral C. Elkins, Rochester, Minn., president; Miland E. Knapp, Minneapolis, vice president; Milton G. Schmitt, Chicago, secretary-treasurer. Dr. William D. Paul, Iowa City, was installed as president.

Dr. Neece Honored.—On May 6, the Macon County Medical Society sponsored a dinner in honor of Dr. Irving H. Neece, Decatur, who was then President-Elect of the Illinois State Medical Society. The autographs of 125 persons who attended the dinner were contained in a leather book that was presented to Dr. Neece at the dinner as a momento of the occasion. Dr. Harlan English, Danville, Councilor of the Eighth District, was toastmaster and speakers included Dr. Robert S. Berghoff, Chicago, then President of the society, and Dr. Ralph Kinsella, professor of medicine, St. Louis University School of Medicine, St. Louis, a classmate of Dr. Neece's. Others at the dinner meeting included Dr. Roland R. Cross, state health officer; Dr. Harold M. Camp, secretary of the state society, Mayor J. A. Hedrick, Mr. Frank Lindsey of the Herald Review, Attorney Thomas W. Samuels, Dr. Cincy Rich, Decatur, Lloyd Dodd, D.D.S., president of the Illinois State Dental Association, and the Rev. Carrol Flewelling. Drs. R. P. Pearis, Normal, and C. H. Hulick, Shelbyville, councilors of the Fifth and Seventh Districts, respectively, were also present.

District Meeting.—The annual meeting of the Iowa-Illinois Central District Medical Association was held at the Watch Tower Inn, Rock Island, May 22. The program opened with a motion picture on "Manual Rotation in the Management of Occiput Posterior and Occiput Transverse Positions." The picture is from the obstetrical department of Northwestern University Medical School. Speakers included Drs. Donald J. Wilson, Omaha, on "Dermatology and the General Practitioner" and M. Pinson Neal, Columbia, Mo., on "The Diagnosis of Pernicious Aneamis". The discussors were respectively Drs. Norbert C. Barwasseer, Davenport, Iowa, and Moline, and James W. Agnew, Davenport. Dr. Karl A. Meyer, Chicago, presented the paper in the evening on "Recent Advances in the Treatment of Cancer of the Large Bowel."

New Committee to Improve Child Health.—The American Academy of Pediatrics, at a recent meeting, created a new committee to be known as the Committee for the Improvement of Child Health, which has been charged with the responsibility of formulating recommendations and pressing forward toward the ultimate goal of improving health services for children. Serving under the chairmanship of Dr. James L. Wilson, professor of pediatrics, University of Michigan Medical School, Ann Arbor, members of the committee include Drs. Roger Kennedy, Authur London, Henry Poncher, Grover Powers, Warren Sisson, Hulda Thelander, Clarence Webb, George Wheatley. Dr. Lee Forrest Hill and Dr. Clifford Grulee, Evanston, president and secretary, respectively, of the academy, are members ex-officio.

Symposium on Cancer.—The Illinois division of the American Cancer Society conducted a one day symposium on cancer, May 22, at the Herrin Hos-

pital and the Lymar Hotel, Herrin. Sixty physicians attended. The program concluded with a dinner given by the Williamson County Medical Society. Among the participants were Drs. Joseph E. Laibe on "Cancer of the Urinary Tract and Prostate"; C. B. Puestow, "Report of Symptomatology and Operability and Per Cent of 5 Year Cures of Cancer of the Colon;" Herbert Rattner, "Malignant Tumore of the Skin"; Arkell M. Vaughn, "Carcinoma of the Stomach and Esophagus," and Danely P. Slaughter, "Cancer of the Breast." All speakers are of Chicago.

"For The Common Good"

A notable experience was reported Tuesday, May 13, by Dr. Arthur W. Newitt, tuberculosis control officer of the City of Chicago, Dr. James H. Hutton, co-chairman of the Chicago-Cook County Committee for the Eradication of Tuberculosis, and Dr. Jerome Head, specialist in tuberculosis, when they were invited, with Dr. Roland R. Cross, state health director, to appear before the State Senate. Sitting as a Committee of the Whole, the four physicians testified on behalf of the legislative program on tuberculosis. The experience is unique in that the procedure of inviting "outsiders" into such a hearing is adopted rarely. The recent experience is also the first time in many years that four physicians have formed the Committee as a Whole before the State Senate.

With the authorization of the Council of the Illinois State Medical Society, the ninety county medical societies were asked to appoint a chairman or committee to implement the annual Summer-Round-Up of the Illinois Congress of Parents and Teachers. Secretaries of the county medical societies were asked to notify the Office of the Educational Committee of the names of persons designated to cooperate in this activity. Societies reporting thus far include the following:

Madison County: Drs. Harry Mantz, Maybelle Williams and William Skeele.

Randolph County: Drs. R. E. Schettler, Red Bud, W. F. Weir Sparta, and P. E. Reid, Sparta.

Peoria: Drs. O. E. Barbour, chairman; J. R. Vonachen, C. E. Sibilsky, Alice C. Ferdinand and Morton J. Freedman, all of Peoria.

Lee County: Drs. H. F. McCall, Dixon, and J. L. Tavenner, Dixon.

Will-Grundy County: Drs. Robert R. Bates, chairman, William R. Fletcher, Gordon L. Richard, Theodore Z. Polley, John Roth, Cecil A. Z. Sharp, and Edward M. Svetich.

Warren County: Drs. J. E. Bohan, Alexis; H. S. Zimmerman, Cameron, J. D. Simmons, Kirkwood, Ralph Graham, Monmouth, L. T. Hoyt, Roseville, and P. E. Kimery, Smithshire.

Coles-Cumberland County: Drs. E. X. Link, Mattoon, chairman, S. B. Nuzie, Matoon, and William J. Harned, Charleston.

CHICAGO MEDICAL SOCIETY

Aux Plains — Gilbert P. Pond, M.D., 1140 Lake Street, Oak Park (for Oak Park and River Forest Sections); Fred Glenn, M.D. — 533 N. Pine — Chicago area

Calumet — J. Lenoard Maier, M.D., 1142 West 84th St.

Douglas Park — Robert Dessent, M.D., 4703 N. St. Louis

Englewood — Robert Keeley, M.D., 2376 East 71st St.

North Suburban — Noel Shaw, M.D., 636 Church Street, Evanston

Irving Park — Horace Smith, M.D., 6750 Northwest Highway

Jackson Park — William W. Swanson, M.D., 2376 East 71st St.

North Shore — John L. Reichert, M.D., — 1791 Howard St. Other members: Jennie K. Amtman, Robert M. Goodwin, L. M. Hart, Howard Jacobs, S. B. Mannel, John B. Murphy, Lawrence H. Meyers, Margaret E. Pijan, David Rosen, Maurice L. Lee, Martin Zeisler

North Side — Gustav L. Kaufman, M.D., 645 West Fullerton

Northwest — Matthew E. Uznanski, M.D., 1530 N. Damen

South Chicago — George E. Park, M.D., 9140 Exchange Ave.

South Side — Robert Mustell, M.D., 30 N. Michigan Ave.

Southern Cook County —

Stock Yards — John H. Garwacki, M.D., 5613 S. Albany St.

West Side — Joseph A. Bertucci, M.D., 4901 W. Chicago Ave.

Because the Council of the Illinois State Medical Society urges the year round 'cooperation with the Illinois Congress of Parents and Teachers, it is hoped that those societies who have not as yet reported their representatives in this venture will do so. The program can be more effective if kept on a year 'round schedule, rather than be stimulated to a working pitch a month or so before the examinations begin.

Great interest was evidenced in the exhibit entitled "The Doctor and His Society", shown for the first time during the annual meeting of the Illinois State Medical Society at the Palmer House, May 12-14. Physicians, students and others stopped at the booth and from their questions revealed interest in the display showing the society's activities. The left wing of the exhibit depicts the formal structure of the society, the center wing tells briefly the story of the committees organized for state wide work:

Educational, Scientific Service, Postgraduate and Medical Service and Public Relations. It stresses the activities of the public relations counsel. The right wing, on which is mounted samples of Health Talks, Cancer Control Bulletin, official releases to the press, the Illinois Medical Journal, and legislative material in which the society is interested, reflects the results of the activities of the Illinois State Medical Society.

The exhibit will be displayed at the medical schools in Chicago and at the 12 Postgraduate Conferences authorized by the Council. It will also be shown at fairs and other meetings.

So successful was the exhibit that a new wing will be prepared to appeal to the public in general. The wing showing the formal organization of the society can then be substituted by the new one for special meetings.

County secretaries and program chairmen, using the service of the Scientific Service, Postgraduate and Educational Committees in obtaining speakers, are urged to notify Miss Ann Fox, Secretary of the Educational Committee, of any change in their schedules. There have been a few instances when a speaker has been procured that the local society changed its plans without notifying Miss Fox. This procedure can result in embarrassment in the mind of the invited speaker. It is understood that, in some instances, where a scientific program is planned, pressing business may develop that will necessitate a business meeting. The Office of the Educational Committee should be notified at once so that the invited speaker may be given ample notice to change his plans. It would be considerate too if the notice could be accompanied with a request for a later appointment.

Lectures Arranged Through the Scientific Service Committee

Dr. Wayne Flora, Chicago, May 22, Will-Grundy County Medical Society, Anal Cryptitis: Its Relation to Fissure and Fistula.

Dr. George Fenn, Chicago, June 3, Vermilion County Medical Society in Danville, on Coronary Heart Disease.

Dr. Irving Dreyer, Chicago, June 12, Morgan County Medical Society in Jacksonville, Modern Aspect of the Medical History Technic.

Lecture Arranged Through the Educational Committee

Dr. Harold Kautz, Assistant Secretary, Council on Pharmacy and Chemistry, American Medical Association, Chicago, May 21 the Hillel Alumni Association, on Food and Drug Watchdogs.

Commendation to Dr. Isadore Lerner and Dr. Hyman Gordon, both of Chicago, for their examination of some 400 children at the Farragfiut Highschool recently. The project is a special one set up by the director of the physical education activities at the school, Mr. Earl Canfield, who collects the money from the children to finance their own examinations. Dr. Lerner and Dr. Gordon accepted the responsibility at the invitation of the Educational Committee.

Dr. Harry Hedge, Chicago, who recently addressed the Belleville Medical Auxiliary under the auspices of the Educational Committee, reported an attendance of more than 110 persons at the meeting, including representatives of the D. A. R., Veterans of Foreign Wars and the Illinois Congress of Parents and Teachers. Four newspaper representatives from Belleville and St. Louis covered the meeting. Dr. Hedge reports that he was greatly pleased at the interest in his talk, reflected by a forty minute question period which followed his presentation of forty minutes.

MARRIAGES

Wilfred S. Miller, Assumption, to Mrs. Felice Connolly of Taylorville in Kewanee, Nov. 25, 1946.

Robert E. Flatley to Miss Mary Louise Meersmann, April 12, both of Moline.

DEATHS

Merlin Zeno Albro, retired, Chicago, who graduated at Columbia University College of Physicians and Surgeons, New York, 1887, died in Wesley Memorial Hospital, Aril 24, aged 81. He had practiced medicine more than 50 years, taught at the Post-Graduate Medical School and served as clinical professor of ophthalmology at the Eye, Ear, Nose and Throat Hospital, Chicago.

Roger Martin Bissekumer, Rockford, who graduated at Loyola University School of Medicine, Chicago, 1918, died March 3, aged 53, of cerebral hemorrhage. He was formerly district superintendent of the state department of health.

Diedrich G. Brunjes, Chicago, who graduated at Hahemann Medical College, Chicago, in 1910, died May 17, aged 60. He was urologist at Streeter Memorial Hospital.

Gerritt Cotts, Chicago, who graduated at Rush Medical College in 1920, died May 13 in Ravenswood Hospital, aged 58. He was a member of the staffs of Ravenswood and Augustana Hospitals.

Fred J. Edmonds, Evanston, who graduated at Cleveland University of Medicine and Surgery in 1897, died February 24, aged 71, of cerebral hemorrhage and arteriosclerosis.

Frederick A. Grossman, Wilmette, formerly of Vero Beach, Florida, who graduated at Northwestern University Medical School in 1896, died May 16, aged 76.

Ray Porter Kile, Rockford, who graduated at University of Illinois College of Medicine, Chicago, 1913, died in Tucson, Ariz., February 19, aged 62, of intestinal obstruction.

Charles Edward Klontz, Cherry Valley, who graduated at Northwestern University Medical School in 1905, died May 12, aged 67. He was on the staff of St. Anthony Hospital.

Thomas D. Laftry, Chicago, who graduated at University of Illinois College of Medicine in 1899, died May 23, aged 79. He was former president of the Norwegian-American Hospital and a member of the staff for 25 years. He was also medical director of the Great Northern Life Insurance Co.

Harvey Thomas Little, Chicago, who graduated at Loyola University School of Medicine in 1916, died in Hollywood, Calif., March 10, aged 52, of coronary thrombosis. He was a member of the staffs of the Loretto and County Hospitals.

Sophus George Peterson, Rutland, who graduated at Rush Medical College in 1897, died at his home on May 5, at the age of 72. He had been in failing health since April 22, when he suffered a heart attack.

S. Kenosha Sessions, Anna, who graduated at Northwestern University Woman's Medical School, Chicago, 1893, died January 27, aged 84, of cerebral hemorrhage. She was superintendent of the Indian Girls' School in Indianapolis for many years.

Walter Charles Wilhelmj, East St. Louis, who graduated at the St. Louis University School of Medicine in 1904, died in Hot Springs, Ark., February 23, aged 65. He was a past president of St. Clair County Medical Society, a member of the American Urological Association and was chief of staff of St. Mary's Hospital, East St. Louis.

"METOPON" HYDROCHLORIDE NOW AVAILABLE

"Metopon" Hydrochloride, the new morphine derivative to be used exclusively for relief of the pain of cancer, is now available through Sharp & Dohme, Inc., Philadelphia, and Parke Davis and Co., Detroit.

Special regulations concerning the distribution of "Metopon" have been set forth by the National Research Council, the organization responsible for the new drug's development, in order to limit its use to the relief of pain in terminal malignancies.

The high analgesic effectiveness of oral doses (eliminating the disadvantage to the patient of hypodermic injection), the absence of nausea and vomiting even in patients who vomit with morphine or other derivatives, the absence of mental dullness, and the slow development of tolerance and dependence place "Metopon" in a class by itself for the treatment of the chronic suffering of malignancies.

The dose of "Metopon" is 6.0 to 9.0 mg. (2 or 3 capsules), to be *repeated only on recurrence of pain,* avoiding regular by-the-clock administration. As with morphine, it is most desirable to keep the dose at the lowest level compatible with adequate pain relief. Therefore, administration should be started with two capsules per dose, increasing to three only if the analgesic effect is insufficient.

"Metopon" is available only in capsule form for oral administration. The capsules are put up in bottles of 100 and each capsule contains 3.0 mg. of "Metopon" hydrochloride.

The special procedure for obtaining the drug is as follows:

(1) For patients to be treated for the first time with "Metopon" *initial orders* must be accompanied by:
 (a) A statement giving the number of patients and the diagnosis of each case.
 (b) A Narcotic Order Form for the quantity of Capsules "Metopon" Hydrochloride desired, made out to Parke Davis, Detroit, or to Sharp & Dohme, Philadelphia, and sent to the nearest branch office of either company. *Narcotic order forms for "Metopon" must not include any other narcotic item.*
 (c) The physician should indicate the druggist through whom he prefers to be billed.

(2) The statement and order will be forwarded by either company to the National Research Council, Washington, D. C., for approval.

(3) Immediately upon approval by the National Research Council the manufacturer will ship the approved quantity.



PECTOCEL

(Pectin and Kaolin Compound, Lilly)

'Pectocel' is a nonchalky, attractive kaolin mixture with a creamy, heavy-bodied smoothness. This preparation has considerable appeal to the patient. The ample kaolin content functions as an adsorptive and effectively produces a protective coating that soothes inflamed intestinal mucosa.

'Pectocel' is indicated for the supportive treatment of diarrhea and inflammation associated with enteritis, gastritis, colitis, and other intestinal infections or intoxications.

Formula:

An aromatized aqueous suspension containing in one fluid ounce:

Pectin	4 1/2 grs.
Kaolin	90 grs.
Zinc Phenolsulfonate	1 1/8 grs.

'Pectocel' is available at pharmacies everywhere.

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.



DO YOU KNOW WHAT THESE SYMBOLS STAND FOR?

Rexall

DRUGS

REXALL FOR RELIABILITY

In medieval times, the dragon was the symbol of the chemist and apothecary. Ancient alchemists were said to use dragon's blood in their potions, and the dragon came to mean certain chemical actions. An apothecary advertised his wares to the world by painting a dragon on a drug pot, and hanging it over his door.

Today it is the familiar Rexall sign which assures you of superior and dependable pharmacal service. Displayed over more than 10,000 independent drug stores throughout the country, the Rexall symbol on drugs means pure, potent and uniform drugs, laboratory tested under the rigid Rexall system of controls. It means unexcelled pharmacal skill in compounding them.

REXALL DRUG COMPANY

LOS ANGELES, CALIFORNIA

PHARMACEUTICAL CHEMISTS FOR MORE THAN 44 YEARS

in favor of

Desoxyn

(*d*-DESOXYEPHEDRINE HYDROCHLORIDE, ABBOTT)

. . . over other sympathomimetic amines in producing euphoria and stimulation of the central nervous system are these points of superiority claimed by investigators*:



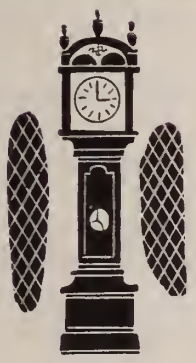
SMALLER DOSAGE

. . . potency of *d*-desoxyephedrine is greater, weight for weight; consequently smaller dosage is required to achieve desired effects.[1,2,6,7,8]



QUICKER ACTION

. . . onset of effect is more rapid[1,2]—in 20 to 60 minutes orally; almost at once intravenously; from 2 to 10 minutes intramuscularly.[4,5]



LONGER EFFECT

. . . action is more prolonged[1,2,8]—duration of a single dose of 10 mg. orally from 6 to 12 hours, in exceptional cases as long as 36 hours.



FEWER SIDE-EFFECTS

. . . untoward effects reported have been minimal.[1,3] With the correct dosage, properly used, toxic effects very rarely occur.

DESOXYN TABLETS, 2.5 mg. and 5 mg. • **ELIXIR,** 20 mg. per fluidounce (2.5 mg. per fluidrachm) • **AMPOULES,** 20 mg. per cc.

Abbott Laboratories • NORTH CHICAGO, ILLINOIS

*BIBLIOGRAPHY: **1.** Ivy, A. C., and Gaetzl, F. R. (1943), War Med., 3:60, January. **2.** Davidoff, E. (1943), Med. Rec., 156:422, July. **3.** Dodd, H., and Prescott, F. (1943), Brit. Med. J., 1:345, March 20. **4.** Dodd, H., and Prescott, F. (1943), Surg., Gynec. & Obst., 77:645, December. **5.** Prescott, F. (1944), Brit. Heart J., 6:214, October. **6.** Simonson, E., and Enzer, N. (1942), J. Indust. Hyg. & Toxicol., 24:205, September. **7.** Richards, R. K. (1941), Pharmacologic Records of Abbott Laboratories (unpublished). **8.** Foltz, E. E., Ivy, A. C., and Barborka, C. J. (1943), J. Lab. & Clin. Med., 28:603, February.

Try this Yourself, *Doctor...*



Rare is the person who does not enjoy a piece or two of candy at the end of a meal. The satisfying goodness of candy creates an aura of well-being which, post-prandially, is conducive to good digestion of the meal just eaten.

That candy has a worth-while place in the dietary is evident from the foods with which most candies are made—eggs, butter, milk, fruits and nuts. To the extent these foods are present, candies contribute valuable protein, B complex vitamins, and minerals.

In the sickroom, candies serve a double purpose. They frequently are eaten when many foods are refused because of anorexia, and serve to provide high caloric value in concentrated form. Of equal significance, convalescent patients usually experience a distinctly beneficial psychic lift from a tasty piece or two of candy.

These unique advantages of candies more than justify their inclusion in the daily dietary, not only of adults, but of children as well.

COUNCIL ON CANDY OF THE NATIONAL CONFECTIONERS' ASSOCIATION

1 NORTH LA SALLE STREET • CHICAGO 2, ILLINOIS

30% REDUCTION IN PRICE OF

DIMENFORMON BENZOATE
VIALS and AMPULS

NOW you can obtain "the most efficient"* of all injectable estrogens and their derivatives—alpha-estradiol benzoate available as Dimenformon Benzoate—at a cost as low as that of some of the so-called "bargain estrogens." In fact, the over-all cost of Dimenformon Benzoate therapy is really lower than that of many "bargain estrogens", for its high potency and prolonged action permit fewer injections at longer intervals. Moreover, by using Dimenformon Benzoate vials, you and your patients can enjoy an *additional* savings—as much as 37% *more*—over the cost of individual ampuls. At these new economy prices, none of your patients needs be denied the benefits of Dimenformon Benzoate therapy because of financial limitations.

*E. P. McCullagh, *Cleveland Clin. Quart.*, 13:166, 1946.

ROCHE-ORGANON INC. • NUTLEY 10, N. J.

OR EVEN 59% REDUCTION
By Using Dimenformon Benzoate Vials In Boxes of 6

T.M.—Dimenformon—Reg. U. S. Pat. Off.

ALL THESE SIZES AND STRENGTHS AVAILABLE AT REDUCED PRICES

•

VIALS, 10 cc

0.333 mg (2,000 R.U.) per cc
Boxes of 1
Boxes of 6

2.0 mg (12,000 R.U.) per cc
Boxes of 1
Boxes of 6

•

AMPULS, 1 cc

0.1 mg (600 R.U.)
Boxes of 6
Boxes of 50
Boxes of 100

0.166 mg (1000 R.U.)
Boxes of 6
Boxes of 50
Boxes of 100

0.333 mg (2000 R.U.)
Boxes of 3
Boxes of 6
Boxes of 50
Boxes of 100

1.0 mg (6000 R.U.)
Boxes of 3
Boxes of 6
Boxes of 50
Boxes of 100

1.666 mg (10,000 R.U.)
Boxes of 5
Boxes of 50
Boxes of 100

•

POTENT ECONOMICAL WELL TOLERATED ESTROGEN



BECAUSE VITAMINS ALONE ARE NOT ENOUGH

Supplementing the diet with *both* vitamins and minerals is clearly logical because of the now confirmed nutritional concepts originally advanced by Dr. Casimir Funk in 1936:

- vitamins and minerals are nutritionally inter-related
- the same causes produce *both* vitamin and mineral deficiencies (unbalanced diet, pregnancy, etc.)
- minerals are nutritionally as important as vitamins

VI-SYNERAL

IN EACH CAPSULE ...VI-SYNERAL SPECIAL GROUP



Vitamin A (natural)	12,000 U.S.P. Units
Vitamin D (natural)	1,200 U.S.P. Units
Thiamine (B_1)	5.0 mg.
Riboflavin (B_2)	3.5 mg.
Niacinamide	20.0 mg.
Pyridoxine (B_6)	2.0 mg.
Calcium Pantothenate	5.0 mg.
Ascorbic Acid (C)	75.0 mg.
Alpha Tocopherol (E)	4.0 mg.
B Complex factors from	50 mg. yeast

Phosphorus • Iron • Calcium
Magnesium • Copper • Zinc
Iodine • Manganese

Literature and Samples upon request

U. S. VITAMIN CORPORATION • 250 East 43rd Street, New York 17, N. Y.

what bulk more gentle than liquid?

Modern scientific practice concedes the necessity for bulk in the physiologic mechanism of evacuation. The natural stimulus for the peristaltic reflex is distention of the bowel lumen, not mucosal irritation.

SAL HEPATICA, by simple osmosis, increases the bowel's liquid content; the fecal residue is softened, and gentle fluid bulk is the result.

The degree of activity of this balanced saline is easily controlled by dosage.

. . . APERIENT

LAXATIVE

CATHARTIC



For gentle yet speedy relief, prescribe

SAL HEPATICA

A Professional Product of BRISTOL-MYERS COMPANY
19 West 50th Street New York 20, N. Y.



WHENEVER NUTRIENT INTAKE MUST BE AUGMENTED

The occasion frequently arises when the intake of all essential nutrients must be increased, as in general undernutrition, following recovery from infectious diseases and surgical trauma, and during periods of anorexia when food consumption is curtailed.

In the general management of these conditions, the dietary supplement made by mixing Ovaltine with milk can find wide applicability. Delicious in taste, it is enjoyed by all patients, young and old. Its low curd tension and easy digestibility impose no added gastrointestinal burden on the patient. This nutritious food drink supplies all the nutrients considered essential for a dietary supplement: biologically adequate protein, readily utilized carbohydrate, easily emulsified fat, B-complex and other vitamins including ascorbic acid, and essential minerals. The recommended three glassfuls daily virtually assures normal nutrient intake when taken in conjunction with even a fair or average diet.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



Ovaltine

Three servings daily of Ovaltine, each made of ½ oz. of Ovaltine and 8 oz. of whole milk,* provide:

CALORIES	669	VITAMIN A	3000 I.U.
PROTEIN	32.1 Gm.	VITAMIN B_1	1.16 mg.
FAT	31.5 Gm.	RIBOFLAVIN	2.00 mg.
CARBOHYDRATE	64.8 Gm.	NIACIN	6.8 mg.
CALCIUM	1.12 Gm.	VITAMIN C	30.0 mg.
PHOSPHORUS	0.94 Gm.	VITAMIN D	417 I.U.
IRON	12.0 mg.	COPPER	0.50 mg.

*Based on average reported values for milk.

Experience is the Best Teacher



Marshall Hall

(1790-1857)

proved it in physiology

Hall's greatest achievement was his discovery of reflex action. He noted the essential relationship of the sensory and motor nerves and the segment of the spinal cord from which they originated. At first ignored by his colleagues, he continued his studies until finally the weight of his vast experiences forced universal acceptance of his discovery.



Yes, experience is the best teacher in smoking too!

IT WAS their experience during the wartime shortage of cigarettes which taught people the big differences in cigarette quality. People smoked many different brands then—whatever brand was available. And so many more smokers came to prefer Camels as a result of that experience that now more people are smoking Camels than ever before. However, no matter how great the demand, *we don't tamper with Camel quality. Only choice tobaccos, properly aged, and blended in the time-honored Camel way, are used in Camels.*

According to a recent Nationwide survey:

MORE DOCTORS SMOKE CAMELS

than any other cigarette

R. J. Reynolds Tobacco Company, Winston-Salem, N. C.

Eliminate infection in

WOUNDS **ULCERS**
LESIONS **FISSURES**
ABSCESSES **CYSTS**

by simple topical application



Glycerite of Hydrogen Peroxide ipc
stable, long-acting, non-selective, bactericidal solution . . .

. . . Possesses the mechanical advantages of liquid and ointment types of medication . . .

. . . Hygroscopic, penetrates into and draws plasma from deeper parts of wounds, washing particulate matter to the surface . . .

. . . Aids granulation of healthy tissue and speeds healing processes . . .

. . . Non-toxic, non-irritating, non-sensitizing . . . Apply full strength as frequently as desired.

GLYCERITE OF HYDROGEN PEROXIDE *ipc*

Bibliography:

New Eng. J. Med. 234:468, 1946.
J. Invest. Derm. 8:11, 1947.
Annals of Allergy 4:33, 1946.
Science 105:312, 1947.
J. Bacteriology Vol. 53, June, 1947.

Literature on request.

CONSTITUENTS:
Hydrogen peroxide (90%) 2.5%
8-Hydroxyquinoline 0.1%
Especially prepared glycerol
qs. ad. 120cc.
Supplied in four-ounce bottles

International **PHARMACEUTICAL CORPORATION**
132 Newbury Street, Boston 16, Massachusetts

3 CONDITIONS

Constipation—Loose irritating stools—Periods of alternating constipation and loose stools.

3 ADVANTAGES

Zymenol's Twofold Natural Therapy: Brewers yeast enzymatic action helps re-establish physiological bowel content. Natural vitamin B complex tends to normalize bowel tone.

Non Habit-Forming: No irritant or habit-forming drugs. No bulking agents. Even sugar free.

Teaspoon Dosage Only: Minute quantity of mineral oil per dose is not likely to interfere with vitamin absorption or digestion. Avoids leakage.

Available in 14 and 8 oz. prescription units at drug stores everywhere.

Zymenol

For Effective Bowel Management



An Emulsion with Brewers Yeast

MAIL THIS COUPON

Otis E. Glidden & Co., Inc., 518 Davis Street, Evanston, Ill.
Please send literature and trial supply of ZYMENOL

Dr.

Address

City Zone State

OTIS E. GLIDDEN & CO., INC., EVANSTON, ILL.

When soft, smooth foods are indicated in a high-protein diet...



SWIFT'S STRAINED MEATS
provide complete, high-quality proteins, plus desirable palatability

When surgery, injury or disease indicates chemically and physically non-irritating foods in a high-protein, low-residue diet, Swift's Strained Meats offer a highly *palatable, natural* source of proteins, B vitamins and minerals in easily assimilated form.

The six kinds of Swift's Strained Meats: beef, lamb, pork, veal, liver and heart, provide a tempting variety that appeals to patients, even when normal appetite is impaired.

Finely strained lean meats—prepared for infant feeding

Designed to be fed to young infants, these all-meat products are soft, smooth and moist—Swift's Strained Meats are actually fine enough to pass through the nipple of a nursing bottle. They are well adapted to use by patients who cannot eat meat prepared in the ordinary manner . . . may easily be used in tube-feeding. These products are prepared from selected, lean U. S. Government Inspected Meats, carefully trimmed to reduce fat content to a minimum. Swift's Strained Meats are slightly salted to enhance the natural meat flavor. They require no cooking—come all ready to heat and serve.

Each vacuum-sealed tin contains 3½ ounces of Strained Meat.

Swift's Diced Meats

For the patient requiring soft, lean meat, in a form less fine than strained, Swift's Diced Meats provide variety and convenience. They are tender, juicy pieces of meat, easily mashed into smaller particles if desired.

Swift's Diced Meats also offer six appetizing kinds: beef, lamb, pork, veal, liver and heart. 5 ounces per tin.



Write for complete information about Swift's Strained and Diced Meats with samples, to: Swift & Company, Dept. BF, Chicago 9, Ill.

SWIFT QUALITY FOODS

All nutritional statements made in this advertisement are accepted by the Council on Foods and Nutrition of the American Medical Association.

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

SWIFT & COMPANY · CHICAGO 9, ILLINOIS



saturation therapy

Following surgery, illness or injury with their tissue-depleting effects, the patient will usually require prompt replacement of nutritive factors. For this use, Solu-B with Ascorbic Acid provides all the major water-soluble vitamins of the B complex as a sterile dry powder, and ascorbic acid in an accompanying sterile solution for use as diluent. To administer, the ascorbic acid solution is drawn into a syringe and added to the vial of dry Solu-B* which readily dissolves and is promptly available for rapid tissue saturation after intramuscular or intravenous injection.

RECOMMENDED DOSAGE

Intramuscular: One or two 5 cc. vials Solu-B dissolved, respectively, in 5 or 10 cc. ascorbic acid solution, administered in two separate injections of 5 cc. each in different areas at the same time, or at six hour intervals.

Intravenous: One or two 5 cc. vials Solu-B dissolved, respectively, in 5 or 10 cc. ascorbic acid solution, either as a single injection or added to intravenous solutions.

Each vial of Solu-B contains, as a sterile dry powder:

THIAMINE HYDROCHLORIDE	10 mg.
RIBOFLAVIN	10 mg.
PYRIDOXINE HYDROCHLORIDE	5 mg.
CALCIUM PANTOTHENATE	50 mg.
NICOTINAMIDE	250 mg.

and is accompanied by one 5 cc. ampoule

ASCORBIC ACID, Sterile Solution	500 mg.

Upjohn
KALAMAZOO 99, MICHIGAN

FINE PHARMACEUTICALS SINCE 1886

In packages of five 10 cc. size vials Solu-B and five 5 cc. ampoules Ascorbic Acid, 500 mg., Sterile Solution.

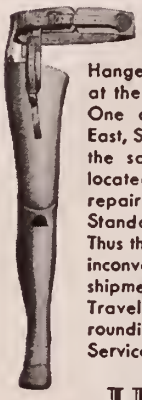
solu-B
WITH ASCORBIC ACID

*Trademark, Reg. U. S. Pat. Off.

HANGER

provides service and repairs

COAST TO COAST



Wherever the Hanger Wearer may live or travel, he can feel assured that his Hanger Artificial Limb will be properly serviced at the neorest Hanger office.

One or more offices in every section—North, East, South, and West—render hanger Wearers the same high quality service. Conveniently located in many key cities, each offers complete repair facilities and carries a full line of Hanger Standard parts and supplies.

Thus the Hanger Wearer is coused o minimum of inconvenience ond discomfort. Long waits far shipments from distant factories ore eliminated. Traveling representotives cover many areas surrounding the offices. In such areas, Hanger Service is brought literally to Hanger Weorers.

HANGER ARTIFICIAL LIMBS

527-529 Wells St., Chicago 7, Illinois

1912-14 Olive St., St. Louis 3, Missouri

ASK FOR

YOUR FREE COPY

OF

"YOUR CARE

DURING PREGNANCY"

A handsome 32-page booklet for patients, used by busy physicians and specialists everywhere to supplement and shorten instructional talks.

Caduceus Press

ANN ARBOR, MICHIGAN

P.O. Box 17

Physical Medicine Abstracts

John S. Coulter, M.D.

EDEMA OR HERNIATIONS OF FAT LOBULES AS A CAUSE OF LUMBAR AND GLUTEAL "FIBROSITIS"

W. S. C. Copeman, M.D., F.R.C.P. and
W. L. Ackerman, M.D., M.R.C.P., London, England

In ARCHIVES OF INTERNAL MEDICINE,
79:1:22
January 1947

Fibrositis as a clinical entity has long been accepted in England, where it constitutes about 12 per cent of all medical cases seen. It has always been recognized, however, that its pathologic foundations are slender, resting as they do almost entirely on the theories of Gowers and the observations, comparatively few in number, of Stockman at the beginning of this century.

NATURE OF THE PAIN

As the result of the work of Sir Thomas Lewis and his school it has been accepted that the pain of fibrositis generally has its origin in certain focal points from which the subjective pain complained of by the patient is referred according to a segmental scheme. Such referred pain may be felt at a considerable distance from its real source, as is seen in cases of sciatica whose origin may be found in focal points situated in the lumbar or gluteal regions. These points are variously referred to as "trigger points", "myalgic spots", or "fibrositic nodules" when they are palpable. They are definite entities, since it is found that the patient winces involuntarily each time that the palpating finger exerts pressure there, while pressure of the same intensity exerted only a few millimeters distant will not produce the same response; a certain degree of more generalized deep tenderness may however

(*Continued on page* 52)



WHEN SUPPLEMENTARY PROTEIN IS INDICATED IN

Reducing Diets

KNOX GELATINE is especially valuable when you must plan reducing diets containing supplementary protein.

Knox is pure, unflavored gelatine that is all protein, no sugar...decidedly different from factory-flavored gelatine dessert powders which are 85% sugar.

To all reducing diets, Knox Gelatine salads and desserts can add variety and interest. Many of these dishes contain high-residue, low-calorie foods, which are especially helpful in staving off the pangs of hunger.

Drinking Knox in water or in diluted fruit juices, between meals is another good, low-calorie way to combat hunger and make dieting easier.

IF YOU WISH FREE DIETS AND RECIPES, won't you send a request to Knox Gelatine, Johnstown, N. Y.? We'll be glad to send you free a practical and authoritative booklet containing tables of food values, diet list, sample menus, and delicious low-calorie recipes.

KNOX GELATINE (U.S.P.)

PLAIN, UNFLAVORED GELATINE...ALL PROTEIN, NO SUGAR



ROLE OF KAOLIN-ALUMINA
(Kalum)
IN PROCTOLOGY

Treatment of disorders of the bowel and lower colon is of constant interest to the medical profession. May we call your attention to a newly published medical book relating to these disorders:

TITLE: **ESSENTIALS OF CLINICAL PROCTOLOGY**

AUTHOR: MANUEL G. SPIESMAN, M.D., proctologist on staff of a number of Chicago hospitals and also former head of Cook County Hospital Rectal Clinic.

FOREWORD: ANTHONY BASSLER, M.D., FACP, consulting gastroenterologist on staff of St. Vincents and other New York City hospitals. Dr. Bassler is also President of the National Gastroenterological Association.

Dr. Spiesman states that KALUM has been found valuable in the following disorders —with page numbers as reference:

CHRONIC ULCERATIVE PROCTOCOLITIS (Idiopathic)—page 163

ACUTE PROCTOSIGMOIDITIS—page 157

BACILLARY PROCTOSIGMOIDITIS—page 160

INTESTINAL TUBERCULOSIS—page 182

HYPERPLASTIC ENTEROCOLITIS—page 184

With reference to Intestinal Tuberculosis, Dr. Spiesman states, . . . KALUM is one of the few oral aids beneficial in the treatment of Intestinal Tuberculosis.

Dr. Spiesman's suggested average dosage: 2 drams of KALUM diluted in water several times daily as oral therapy, and as daily enema, 2 ounces of KALUM in 6 to 8 ounces of warm water.

KALUM—is a suspension of kaolin and alumina in which kaolin WILL NOT SETTLEOUT OR CLUMP. Kaolin loses considerable of its medicinal value if it does settleout or clump.

It is well established in medical literature that kaolin-alumina has unusual ability to "coat raw and inflamed areas" and it is further well established in the literature that kaolin, in coloidal form, has ability to adsorb not only toxins of bacteria, but the bacteria themselves.

KALUM has been successfully used in treatment of peptic ulcer for several years. Average doses in peptic ulcer therapy—2 teaspoonsful in half glass water or milk 3 times daily.

Samples to medical profession on request. Regularly packed in 12-oz. bottles.

KALUM LABORATORIES
120 S. LaSalle St.,
CHICAGO 3 ILLINOIS

PHYSICAL MEDICINE (Continued)

be present and must not be confused. Pain in other areas which is being referred from a trigger point will generally be reproduced by the pressure, in addition to the local tenderness.

THERAPY

The operative procedures in these cases were undertaken chiefly for the purposes of investigation. Although these surgical procedures did cure the patients, we do not advocate them in most cases becauses we believe that relief can be afforded by other, less drastic measures. We believe that the pathologic conditions described can be shown to have some direct association with several methods of treatment which at present rest on an empiric basis.

Heat, Massage and Movement — The pathologic basis offered in this paper for the cases of fibrositis described would appear to place these traditional methods of rheumatic treatment ("the therapeutic tripod") on a scientific footing for the first time. It is reasonable to aim at increasing, by means of heat, the local blood supply and so the drainage from an area which is the seat of gradually increasing congestion, edema and tension.

In the early stages of herniation of the fat lobules, it is equally reasonable to endeavor to "reduce" them by massage, to force the accumulated edema fluid into the lymph drainage channels, and later when they are no longer reducible, owing to adhesions to neighboring lobules, to break them up by mechanical pressure. It seems evident that it is in this way that the disappearance of "fibrous nodules" as the result of massage can be explained.

The rationale of active muscular movement is that it is the essential factor for the efficient functioning of the lymphatic system, and in early cases in which the lesion is still reversible active muscular movement is found to be helpful. It is the common experience that the condition is worse while the patient is lying in bed or after a night's rest.

SUMMARY AND CONCLUSIONS

A systematic study of fibrositis of the lumbar and gluteal regions has been made in a body of picked men. The pain has been studied clinically, and we have confirmed the occurrence of localized "trigger points" from which pain in this

(*Continued on page* 54)



Crystalline Penicillin G Sodium Merck—An Improved, Highly Purified Product



- ★ No refrigeration required for dry form.
- ★ Therapeutically inert materials which may act as allergens have been virtually eliminated.
- ★ Minimum irritation on injection as a result of removal of therapeutically inert materials.
- ★ Meets exacting Government specifications for Crystalline Penicillin G.
- ★ Penicillin G has been proved to be a highly effective therapeutic agent.

CRYSTALLINE PENICILLIN G SODIUM MERCK

MERCK & CO., Inc. RAHWAY, N. J.

Manufacturing Chemists

MERCK MERCK MERCK

PHYSICAL MEDICINE (Continued)

condition may be widely referred. The exact situation in which these occurred in a series of patients was charted, and a "pain-pattern" of definite shape resulted.

Our previous observation that these points may arise during any pyrexial illness, or as the result of trauma, was confirmed; also that the subjective pain often disappears, but that the point remains and can be detected by its tenderness on palpation. It can be reactivated subsequently, and may gradually become the seat of chronic pain.

The back was carefully dissected in 14 bodies with particular reference to the sites at which pain had chiefly been found to occur. It was found that a "basic fat pattern" was constantly present, even in the most cachetic subjects, in whom all other fat was absent. This "fat pattern" was observed to correspond with the "pain pattern" already charted, in situation and shape.

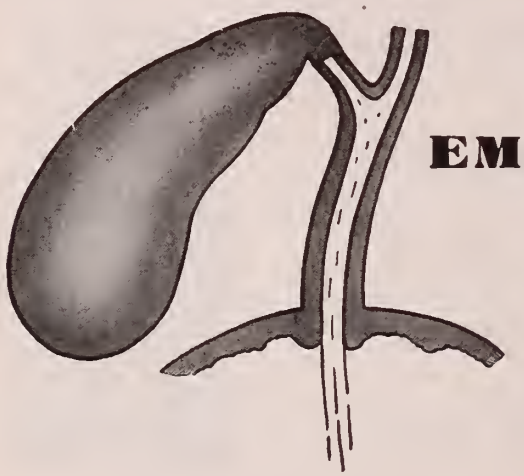
Our observations show that the production of pain at these trigger points takes place in certain fibrofatty tissue, and not in the muscles, as has often been stated. The local lesion demonstrated in those cases in which biopsy was performed consisted of an increase in the volume of certain fat lobules in situations where expansion was normally limited by an unyielding fibrous capsule. In one case this increased tension in the lobule appeared to be the result of an old hematoma.

In the clinical cases described in this paper this process had progressed further, and actual herniation of these lobules had occurred through weak spots in the fibrous compartment or capsule. The causative nature of these lesions seemed to be confirmed by the patient's freedom from pain subsequent to the removal of the herniations.

Exploration of the painful area in a small series of cases of periarticular fibrositis ("panniculitis") of the menopausal type suggested that a similar mechanism might also be responsible for the pain in these cases.

Physiologic principles underlying certain lines of physical treatment commonly employed in the treatment of fibrositis are shown to be rational for the pathologic conditions described.

(*Continued on page* 56)



EMPHASIS ON FLOW—

Decholin

REG U.S. PAT OFF

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

3¾ gr. tablets. Boxes of 25, 100, 500 and 1000; *powder* 25 *Gm.*

Fluidity of the bile is the factor which determines success in removal of thickened and purulent material from the bile passages. Decholin (chemically pure dehydrocholic acid) stimulates the liver cells to produce a thin, *easily flowing* bile, which flushes the ducts, and promotes drainage.

AMES COMPANY, Inc.

Successors to Riedel - de Haen, Inc.

ELKHART, INDIANA



KAPSEALS®
50 mg. each,
in bottles of 100
and 1000.

BENADRYL® hydrochloride

The results of a recent survey of the clinical use of Benadryl (diphenhydramine hydrochloride) in 2665 patients are shown in the accompanying table.

The efficacy of this new antihistaminic is also attested to in over 150 reports published in the medical literature.



ELIXIR
10 mg. in each
teaspoonful, in pints
and gallons.



CAPSULES
25 mg. each,
in bottles of
100 and 1000.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

THERAPEUTIC RESULTS WITH BENADRYL IN 2665 PATIENTS

Clinical Entity	Patients	Satisfactory	Questionable	No Benefit	% Showing Improvement
URTICARIA	766	692	16	58	90.3
VASOMOTOR RHINITIS	349	268	2	79	76.7
ECZEMA	128	79	7	42	61.7
HAY FEVER	425	350	36	39	82.4
ASTHMA	435	275	7	153	63.2
MIGRAINE	73	48	1	24	65.7
ANGIONEUROTIC EDEMA	54	46	1	7	85.2
ATOPIC DERMATITIS	66	42	1	23	63.6
PRURITUS	24	18		6	75.0
ERYTHEMA MULTIFORME	28	22		6	78.6
DERMOGRAPHIA	20	15		5	75.0
FOOD ALLERGY	37	32		5	86.5
CONTACT DERMATITIS	63	49		14	77.7
PHYSICAL ALLERGY	11	7		4	63.6
REACTIONS—ANTIBIOTIC	84	81	1	2	96.4
REACTIONS—DRUGS	46	42		4	91.3
REACTIONS—BIOLOGICS	12	12			100.0
DYSMENORRHEA*	44	38		6	86.3
TOTALS	2665	2116	72	478	79.39

*those cases due to histamine-induced spasm of smooth muscle.

Benadryl
hydrochloride

MEDICAMENTA P D & Co. VERA

PARKE, DAVIS & COMPANY, DETROIT 32, MICHIGAN



PHYSICAL MEDICINE (Continued)

DISABILITY RESULTING FROM INJURIES TO PERIPHERAL NERVES

James S. Ellis, M.Chir., F.R.C.S.
Lately Orthopaedic Surgeon, Park Prewett E.M.S. Hospital, Basingstoke, Hampshire

In BRITISH JOURNAL OF PHYSICAL MEDICINE, 10:1:2
January-February, 1947

In war-time, injuries to peripheral nerves are common and produce a great deal of disablement. In few branches of traumatic surgery does treatment so greatly influence the man's ability to earn his living. It is of the greatest importance that throughout the long period of treatment usually necessary the surgeon shall look ahead to the patient's future employment, bearing in mind the special factors concerned in each individual case.

CONCLUSIONS

In this paper an attempt has been made to show that severe injuries to the major nerves of the limbs do not necessarily bar the patient from useful work. Treatment can go a long way towards lessening the ultimate disability. The patient's intelligent co-operation and interest can prevent the long and tedious waiting from becoming insufferable. Appreciation by the employer of a man's disabilities, as well as of his abilities, is essential if the wounded man is to regain a useful and profitable life. Throughout the whole time, from wounding to resettlement in industry, patient, surgeon and employer must together ensure the satisfactory result which is possible in the majority of these cases.

BISMUTH THERAPY AND PHYSIOTHERAPY IN RHEUMATOID ARTHRITIS

J. Shulman, M.D., Ch.B., D. Phys. Med.
Honorary Physician in Charge of Physical Medicine Department, Coventry and Warwickshire Hospital, Coventry

In BRITISH JOURNAL OF PHYSICAL MEDICINE, 10:1:8
January-February, 1947

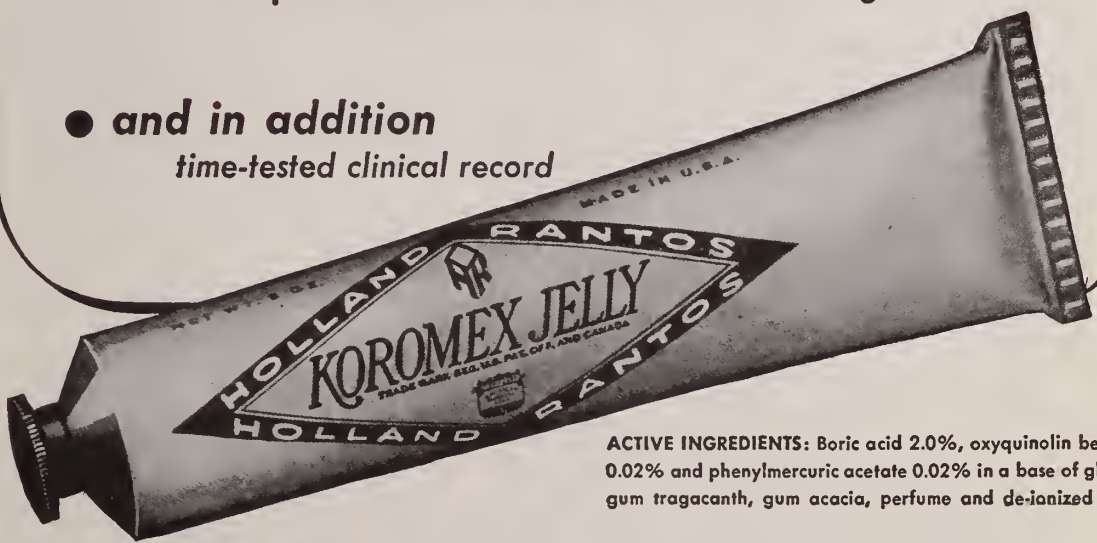
The organization of a physical medicine department in a provincial general hospital demands, amongst other things, the management of an apparently endless stream of sufferers from all the rheumatic diseases, ranging from Still's disease in the young, through rheumatoid arthritis and spondylitis ankylopoetica in the young adult, to gout, fibrositis and menopausal arthritis in middle life, and finally to all stages

(*Continued on page* 58)

tests prove

KOROMEX JELLY

- **Fastest Spermicidal Time**
 measurable under Brown and Gamble technique
- **Proper Viscosity**
 for cervical occlusion
- **Stable Over Long Period of Time**
 pH consistent with that of the normal vagina
- ***and in addition***
 time-tested clinical record



ACTIVE INGREDIENTS: Boric acid 2.0%, oxyquinolin benzoate 0.02% and phenylmercuric acetate 0.02% in a base of glycerin, gum tragacanth, gum acacia, perfume and de-ionized water.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Prescribe Koromex Jelly with Confidence

. . . send for literature

HOLLAND-RANTOS COMPANY, INC., 551 FIFTH AVENUE, NEW YORK 17, N. Y.

PHYSICAL MEDICINE (Continued)

of degenerative osteoarthritis in the elderly. It is not implied that these age groups are consistent in their rheumatic diseases relationship, but they do, perhaps, give at least a rough basis of the major frequencies within the groups.

Merely to depend upon physical medicine methods alone in the treatment of these cases is to invite many failures and disappointments and, what is more serious, to waste the time of both patients and physiotherapy staff.

BISMUTH THERAPY AND GOLD THERAPY IN RHEUMATOID ARTHRITIS

Until the advent of gold therapy, in rheumatoid arthritis there was little else in the way of active therapy except endless treatments by heat radiations, actinotherapy, ionization, diathermy, massage, movements and other psysical adjuncts, together with orthopaedic supports to prevent and correct deformity.

So eagerly has gold been accepted as the specific for rheumatoid arthritis that, despite its high percentage of toxity, little else has been found to replace it, in spite of the rival claim of bismuth. Douthwaite in 1944 made a cautious investigation into the possibilities of bismuth in the treatment of rheumatoid arthritis, particularly because it has the advantage of being less toxic than gold; but my own impression, after visiting various centres for the treatment of rheumatic diseases, is that bismuth has not been used extensively in these cases.

In cases of rheumatoid arthritis in which the general condition is reasonably good and the blood count is reasonably normal, it has been found that better results are obtained by combining the administration of bismuth with ionization to the affected joints. A 1 per cent solution of "T.C.P." (trichlorophenylmethyliodosalicyl) is ionized into the tissues of the affected region for 60-100 milliampere-hours — thus introducing ions of chlorine, iodine and salicylate into the area.

Complete victory over tuberculosis is in sight. This is supported by statistics and by the opinion of those who have led the drive for eradication. The death rate continues to decrease. More adequate case finding programs have resulted in a rising percentage of minimal cases and a falling percentage of far-advanced cases. Ed., Hospitals, Aug., 1946.

For Faster Hemoglobin Regeneration

In Hypochromic or Secondary Anemias especially during Adolescence, Pregnancy and Lactation, Nutritional Deficiencies, Convalescence, the Menopause, and following Hemorrhage.

HEMONUTRON

with its FERROUS GLUCONATE, whole liver concentrate and Vitamin B Complex, is a complete hematinic, combining the essential ingredients for effective hemoglobin regeneration.

GREATER TOLERANCE ★ IMPROVED ABSORPTION
FASTER REGENERATION

FORMULA ... Each Capule Contains

Ferrous Gluconate	3 grains	Thiamine Chloride	0.5 milligrams
Liver Concentrate (1-5)	1½ grains	Riboflavin	0.5 milligrams
Yeast Concentrate	½ grain	Niacinamide	3.5 milligrams

SUPPLIED—Bottles of 50, 100, and 500

NION



NION CORPORATION LOS ANGELES 38, CALIF.

WHY THIS PORTABLE X-RAY FOR YOUR OFFICE PRACTICE?



The fact that thousands of physicians are today using G-E X-Ray's *Model F Portable* is perhaps the most convincing evidence of its recognized value.

You too, would soon conclude that for office x-ray examinations, the *Model F Portable* atop your desk or table greatly simplifies matters; also that the inambulant patient is grateful for this service right in his home.

Within the practical range of service for which this unit is intended, the quality of radiographs it is capable of producing is second to none, regardless of price. You'll also appreciate the high standard of workmanship throughout.

The moderate investment required, and the potential value of a *Model F* in your practice, assuredly justify your investigation. Mail this coupon today.

General Electric X-Ray Corporation,
Dept. 2610, 175 W. Jackson Blvd.
Chicago 4, Illinois

Send me complete information on the G-E Model F *Portable X-Ray.*

Name.....

Address.....

City.....

State..... C-17

GENERAL ELECTRIC X-RAY CORPORATION

83 ILLINOIS PHYSICIANS TAKE PART IN A.M.A. CENTENNIAL

Many members of the state society participated in the largest scientific exhibit ever assembled for the annual meeting of the A.M.A. Since the number of exhibits offered was greater than ever, selection was rigorous. This testifies to the merit of the work of the following:

Dr. Kellog Speed, Chicago, was on the committee to supervise the special exhibit on fractures. Drs Hillier L. Baker, James C. Callahan, Frank G. Murphy, John R. Noreross, Sheppard Remington, Carlo S. Seuderi, and Samuel Tuerk, of Chicago, and John J. Milroy, Waukegan, were on the list of orthopedic surgeons who assisted in the fracture committee with demonstrations.

In the special exhibit on fresh pathologic material Dr. J. J. Moore, was in the advisory committee to assist the general committee.

Dr. Geza de Takats, took part in a question and answer conference on cardiovascular diseases.

In the Section on Internal Medicine, Drs. M. Herbert Barker, Richard B. Capps, Leon Unger, Herman A. Levy, Albert H. Unger, Isabelle Brandt Eisele and Henry Schwerma, Northwestern University Medical School; A. C. Ivy, University of Illinois College of Medicine; O. C. Durham, Abbott Laboratories; K. J. Henrichsen, presented exhibits.

The representative to the Scientific Exhibit from the Section on General and Abdominal Surgery, was Dr. Warren H. Cole. Also in that section Drs. Lester R. Dragstedt, Paul V. Harper, Edward R. Woodward, E. Bruce Tovee and Augustin Rodolfo, Arkell M. Vaughn, John W. Howser, William M. Lees, Mercy Hospital and Loyola University School of Medicine; Bowman C. Crowell, Malcolm T. MacEachern and George H. Miller, American College of Surgeons, will presented exhibits.

The representative to the Scientific Exhibit from the Section on Obstetrics and Gynecology was Dr. Frederick H. Falls, University of Illinois College of Medicine. Drs. F. Falls and Charlotte S. Holt, Illinois State Department of Public Health, had exhibits in that section.

Drs. Georgiana D. Theobald, and Derrick Vail, were on the committee of the Section on Ophthalmology. Also in that section Drs. Peter Kronfeld and H. Isabelle McGarry, Illinois Eye

(*Continued on page* 64)

Metrazol - *Powerful, Quick Acting Central Stimulant*

COUNCIL ACCEPTED

ORALLY - for respiratory and circulatory support
BY INJECTION - for resuscitation in the emergency



Metrazol, pentamethylentetrazol, Trade Mark Bilhuber.

INJECT 1 to 3 cc. Metrazol as a restorative in circulatory and respiratory failure, in barbiturate or morphine poisoning and in asphyxia. PRESCRIBE 1 or 2 Metrazol tablets for a stimulating-tonic effect to supplement symptomatic treatment of chronic cardiac disease and fatigue states.

AMPULES - 1 and 3 cc. (each cc. contains 1½ grains.)
TABLETS - 1½ grains.
ORAL SOLUTION - (10% aqueous solution.)

Bilhuber-Knoll Corp. Orange, N. J.

WHEN SPASM HOLDS THE WHIPHAND...

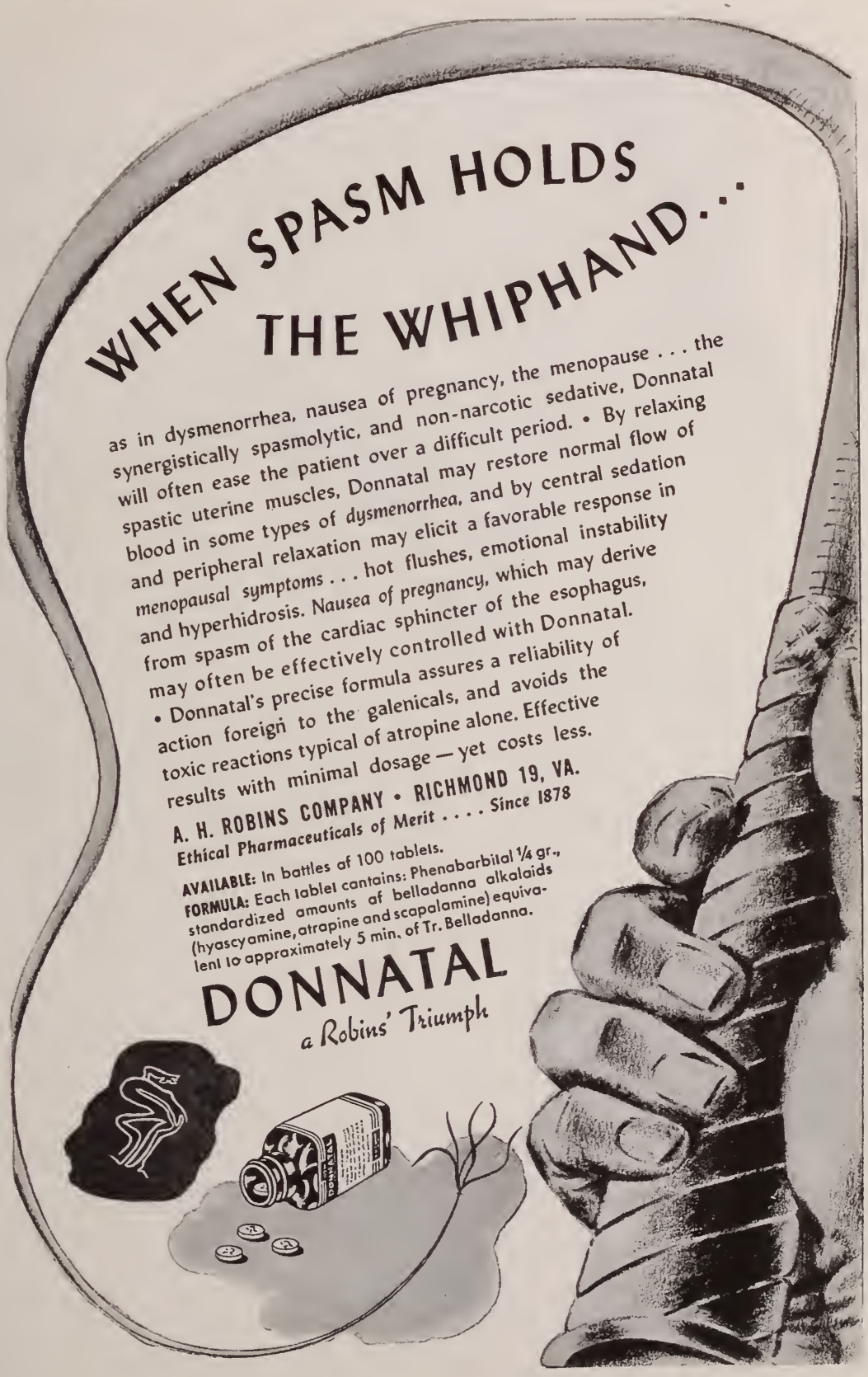
as in dysmenorrhea, nausea of pregnancy, the menopause . . . the synergistically spasmolytic, and non-narcotic sedative, Donnatal will often ease the patient over a difficult period. • By relaxing spastic uterine muscles, Donnatal may restore normal flow of blood in some types of *dysmenorrhea*, and by central sedation and peripheral relaxation may elicit a favorable response in *menopausal symptoms* . . . hot flushes, emotional instability and hyperhidrosis. *Nausea of pregnancy*, which may derive from spasm of the cardiac sphincter of the esophagus, may often be effectively controlled with Donnatal. • Donnatal's precise formula assures a reliability of action foreign to the galenicals, and avoids the toxic reactions typical of atropine alone. Effective results with minimal dosage — yet costs less.

A. H. ROBINS COMPANY • RICHMOND 19, VA.
Ethical Pharmaceuticals of Merit Since 1878

AVAILABLE: In bottles of 100 tablets.
FORMULA: Each tablet contains: Phenabarbital 1/4 gr., standardized amounts of belladonna alkaloids (hyascyamine, atropine and scopolamine) equivalent to approximately 5 min. of Tr. Belladonna.

DONNATAL

a Robins' Triumph



Your Advertisers

This is an index of those who serve the Medical Profession and support your journal. All advertisers are approved by your Journal Committee. It will help you to mention your Journal when writing them.

BODY SUPPORTS

The Spencer Corset Co., Inc., New Haven, Conn.
Spencer Support Shop, Chicago 2
J. E. Hanger, Inc., Chicago 5 50

CLASSIFIED

Classified Advertisements 68

EQUIPMENT

General Electric X-Ray Corp., 2012 Jackson Blvd., Chicago 59
Picker-Ray Corp., New York 10

FINANCIAL AND INSURANCE

Medical Protective Co., Fort Wayne, Ind. 10
Physicians Casualty Co., Omaha, Neb. 65

FOODS

American Meat Institute, Chicago, Ill. 28
Borden Company, 350 Madison Ave., New York 12
Coca Cola, Atlanta, Ga.
H. W. Kinney & Son, Inc., Columbus, Ind. 18
Knox Gelatin Laboratories, Johnstown, N. Y. 51
Libby, McNeil & Libby, Chicago 9, Ill. 22
Mead Johnson & Co., Evansville, Ind. .. Inside Back Cover
National Confectioner's Ass'n., Chicago 2, Ill. 40
National Dairy Products, New York, N. Y.
Nestle's Milk Products, Inc.
Swift & Co., Chicago 9 48
Wander Company, 360 N. Michigan Ave., Chicago 44

PHARMACEUTICALS

Abbott Laboratories, North Chicago, Ill. 39
Ames Co., Inc., Elkhart, Ind. 54
ArEx Cosmetics, Chicago 68
Ayerst McKenna & Harrison, Ltd., New York 16 27
Bilhuber-Knoll Corp., Orange, N. J. 60
Bristol Laboratories, Inc., Syracuse, N. Y. 29
Bristol-Myers Co., New York 43
Ciba Pharmaceutical Products, Inc., Summit, N. J. 19
Doho Chemical Corp., New York 13 16
Durex Products Inc., New York
C. B. Fleet Co., Lynchburg, Va. 9
Forbes Co., Elgin, Ill. 3
Otis E. Glidden Co., Evanston, Ill. 47
Gold Pharmacal Co., New York 67
Harrower Laboratory, Chicago 1, Ill. 25
Hoffman-LaRoche, Inc., Nutley, N. J. 17
Holland-Rantos Co., 551 Fifth Ave., New York 57
Hynson, Westcott & Dunning, Charles and Case Sts., Baltimore 56
International Vitamin Corp. 34
International Pharmaceutical Corp., Boston 16, Mass. 46
Irwin, Neisler & Co., Decatur, Ill.
Kalum Laboratories, Chicago 3 52
Lanteen Medical Laboratories, Chicago 10 30
Thos. Leeming Co., 155 E. 44th St., N. Y. 17, N. Y. ... 14
Lilly, Eli & Co., Indianapolis, Ind. 35, 36, 37
Maltbie Chemical Co., Newark, N. J.
S. E. Massengill Co., Bristol, Tenn.
McNeil Laboratories, Inc., Philadelphia, Pa. 24
Merck & Co., Rahway, N. J. 53
Morris, Phillip & Co., 119 Fifth Ave., New York 6, 7
Nion Corporation, Los Angeles 38, Calif. 58
Num Specialty Co., Pittsburgh, Pa. 66
Parke, Davis & Co., Detroit, Mich. 4, 5, 32, 55
Pitman-Moore Co., Indianapolis 6, Ind.
Rare Chemicals, Inc., Flemington, N. J. 21
Reed & Carnrick, Jersey City 6, N. J.
Rexall Drug Co. 38
Reynolds & Co., R. J., Winston-Salem 45
Riedel-de Haen, Inc., New York City
A. H. Robins Co., Richmond 19, Va. 61
Roche-Organon, Inc., Nutley, N. J. 41
J. B. Roerig & Co., 536 Lake Shore Drive, Chicago
Schenley Laboratories, Inc.
Schering Corporation, Bloomfield, N. J. 23
Julius Schmid, Inc., 423 W. 55th St., New York City .. 8
G. D. Searle & Co., P. O. Box 5100, Chicago
..... Inside Front Cover
Sharp & Dohme, 111 N. Canal St. 31
Smith, Kline & French 15, 63
E. R. Squibb & Sons, New York
Frederick Stearns & Co., Detroit 11
Upjohn Co., Kalamazoo, Mich. 49
U. S. Standard Products, Woodworth, Wisc.
U. S. Vitamin Corp., 250 E. 43rd St., New York 17, N. Y. 42
Walker Vitamin Products, Inc., Mount Vernon, New York
Wm. R. Warner & Co., 113 W. 18th St., New York 13
Winthrop Chemical Co., 70 Varick St., New York 26
White Laboratories, Inc., Newark, N. J.
Whittaker Laboratories, Inc., New York City 33
Wyeth, Inc., Philadelphia 20
Zemmer Co., Pittsburgh, Pa. 68

SANATORIA AND SANITARIA

Costeff Sanitarium, Peoria, Ill. 66
Edward Sanatorium, Naperville, Ill. 64
Michell Sanatorium, Peoria, Ill. 64
Milwaukee Sanitarium, Wauwatosa, Wis. Back Cover
Norbury Sanatorium, Jacksonville, Ill. 65
North Shore Health Resort, Winnetka 66
Mary E. Pogue School, Wheaton, Ill. 67
Stokes Sanitarium, Louisville, Ky. 68

SCHOOLS

Washington University, St. Louis 10 33

RADIUM

Central X-Ray & Clinical Laboratory, 58 E. Washington St., Chicago, Ill. 65
Physicians Radium Assn., 55 E. Washington St., Chicago 67



Overweight patients lose weight when they stop overeating

Dexedrine . . . because it reduces appetite . . . makes it easy for the patient to stop overeating. Thus, it presents not only the most rational, but the least difficult means of achieving weight loss.
Smith, Kline & French Laboratories
Philadelphia, Pa.

Dexedrine Sulfate Tablets
(dextro-amphetamine sulfate, S.K.F.)

for control of appetite in weight reduction

NERVOUS and MENTAL DISEASE

FOR MILD CASES *FOR SEVERE CASES*

MICHELL FARM — **MICHELL SANATORIUM**

Licensed by State of Illinois

George W. Michell, M.D., Medical Director

INFORMATION ON REQUEST

106 North Glen Oak Ave., Ph. 3-5179, Peoria, Ill.

Chicago Office:

46 East Ohio Street . . . Phone Delaware 6770



ILLINOIS EXHIBITORS (Continued)

and Ear Infirmary and College of Medicine, exhibited.

The representative to the Scientific Exhibit from the Section on Laryngology, Otology and Rhinology was Dr. Paul H. Holinger. Drs. George E. Shambaugh Jr., Arthur L. Juers and Charles Whitaker had exhibits.

Exhibitors in the Section of Pediatrics were Drs. Willis J. Potts, Stanley Gibson and Sidney Smith, Childrens Memorial Hospital, and Albert D. Biggs, Northwestern University Medical School and St. Lukes Hospital.

Drs. Earl R. Loew and Klaus R. Unna, University of Illinois College of Medicine, presented an exhibit in the Section on Experimental Medicine and Therapeutics.

In the Section on Pathology and Physiology Drs. Carroll L. Birch, Louis R. Limarzi, Otto F Kampmeier and Thomas N. Haviland, University of Illinois College of Medicine; Hans Popper, Frederick Steigmann, Karl A. Meyer, Donald D. Kozoll and Murray Franklin, Hektoen Institute for Medical Research of the Cook County Hospital, presented exhibits.

Dr. Cleveland J. White, Loyola University School of Medicine, presented an exhibit in the Section on Preventive and Industrial Medicine and Public Health.

Drs. Robert H. Herbst and James W. Merricks, Presbyterian Hospital and University of Illinois College of Medicine, had an exhibit in the Section on Urology.

Drs. Leo L. Hardt, John S. Coulter and Leonard P. Brodt, Loyola University School of Medicine, Northwestern Medical School and Cook County Post-Graduate School, exhibited in the Section on Gastro-Enterology and Proctology.

Exhibiting in the Section on the General Practice of Medicine were Drs. Rosco G. Leland, C. C. Grey, O. L. Osteen, J. D. Ray, H. W. Schoening and L. Van Es, American Veterinary Medical Association; and Lawrence J. Linck, National Society for Crippled Children and Adults.

Miscellaneous exhibits were presented by Dr. William P. Morrill, American Hospital Association.

Motion pictures on medical subjects were exhibited by Drs. Jay M. Garner and J. Peerman Nesselrod, Evanston Hospital, Evanston; Leo L. Hardt and E. C. Olson, Loyola Medical School

Edward Sanatorium

NAPERVILLE, ILLINOIS
(30 miles west of Chicago)
Est. 1907 by Dr. Theodore B. Sachs

FOR THE TREATMENT OF TUBERCULOSIS

Jerome R. Head, M.D.—Chief of Staff

Ideally situated — beautiful landscaped surroundings — modern buildings and equipment

A-A rating by Illinois Department of Health

Full approval of the American College of Surgeons

Active Institutional member of the American Hospital Association

For detailed information apply to—

Business Office at the Sanatorium

Telephone
Naperville 450

The NORBURY SANATORIUM

JACKSONVILLE, ILLINOIS — INCORPORATED and LICENSED

For the Treatment of Nervous and Mental Disorders

DR. ALBERT H. DOLLEAR, Superintendent
DR. FRANK GARM NORBURY, Medical Director
DR. SAMUEL N. CLARK, Physician
DR. HENRY A. DOLLEAR, Associate Physician
DR. FREDERICK A. CAUSEY, Associate Physician in Residence

Address Communications — THE NORBURY SANATORIUM, Jacksonville, Illinois

and Cook County Post-Graduate School; Harold C. Voris, Loyola University Medical School; Lester R. Dragstedt and Paul V. Harper, University of Chicago; Malcolm T. MacEachern, American College of Surgeons; Philip Thorek, Cook County and American Hospitals; H. G. Kobrak, University of Chicago; and Paul H. Holinger and Albert H. Andrews Jr., University of Illinois College of Medicine.

Rehabilitation in tuberculosis should begin no later than the day the patient enters the sanatorium, because from the beginning he must know that there is still a future for him. This knowledge acquired early in illness makes a great difference in his morale and his manner of adjustment to a changed way of life. Herman E. Hilleboe, M.D. and Norvin C. Kiefer, M.D., Pub. Health Rep., Mar. 1, 1946.

Pleural effusion occurring in young persons in whom no other readily demonstrable cause exist can be considered tuberculosis until clearly proved otherwise. D. J. Feldman, M.D. and H. P. Lewis, M.D., Med. Clin. N. Am., 1946.

ACCIDENT - HOSPITAL - SICKNESS

INSURANCE

FOR PHYSICIANS, SURGEONS, DENTISTS EXCLUSIVELY

ALL PREMIUMS COME FROM — PHYSICIANS SURGEONS DENTISTS — ALL CLAIMS GO TO

$5,000.00 accidental death $25 weekly indemnity, accident and sickness	**$8.00** Quarterly
$10,000.00 accidental death $50 weekly indemnity, accident and sickness	**$16.00** Quarterly
$15,000.00 accidental death $75 weekly indemnity, accident and sickness	**$24.00** Quarterly
$20,000.00 accidental death $100 weekly indemnity, accident and sickness	**$32.00** Quarterly

ALSO HOSPITAL EXPENSE FOR MEMBERS WIVES AND CHILDREN

86c out of each $1.00 gross income used for members' benefit

$3,000,000.00 INVESTED ASSETS — **$14,500,000.00 PAID FOR CLAIMS**

$200,000.00 deposited with State of Nebraska for protection of our members.

Disability need not be incurred in line of duty—benefits from the beginning day of disability

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

45 years under the same management
400 First National Bank Building — OMAHA 2, NEBRASKA

Radium Rental
Prompt Service

Deep X-Ray & Radium Therapy

Central X-Ray & Clinical Laboratory

Fred F. Schwartz, M.D., Director.
58 E. Washington St., Dear. 6960
CHICAGO, ILL.

IMPORTANT

Send changes of address to 30 N. Michigan Ave., Chicago 2. Changes received after the 1st of the month cannot be made until the following month.



NORTH SHORE HEALTH RESORT
WINNETKA, ILLINOIS
on the Shores of Lake Michigan
A completely equipped sanitarium for the care of
nervous and mental disorders, alcoholism and drug addiction
offering all forms of treatment, including electric shock
Samuel Liebman, M.S., M.D.
Medical Director
FULLY APPROVED BY THE AMERICAN COLLEGE OF SURGEONS
225 Sheridan Road Phone Winnetka 211

Book Reviews

PENICILLIN IN NEUROLOGY: A. Earl Walker, M.D., Associate Professor Neurological Surgery, The University of Chicago, and Herbert C. Johnson, M.D., Resident Neurological Surgeon, The University of Chicago, Chas A. Thomas, Springfield. Price $5.00. 1946.

This book of 204 pages is a timely and informative publication upon the use of penicillin in the field of neurology. The authors state in the preface that penicillin may be used more enthusiastically than wisely at present and because penicillin therapy of neurological diseases confronts several problems not found in system diseases, the knowledge of its diffusion and dispersion in the spinal fluid is an important guide in the determination of dosage and site of injection. Approximately two-thirds of the book is devoted to the results of experimental work with the use of penicillin in varying dosages given by lumbar puncture, cisternal puncture, intraventicularly, intracortically, orally, intravenously, and intramuscularly. This technical work is easily read and concise, and amply illustrated by charts.

The authors state that before the use of penicillin is begun the susceptibility of the offending organism to penicillin should be determined. They present a simple technic for determining susceptibility. The last third of the book is devoted to therapy. Penicillin therapy may produce neural damage under certain conditions of dosage and route of administration, and the authors use of the substance is in the light of their experimental use. When meningitis is suspected and the spinal fluid cloudy an immediate injection of 10,000 units of penicillin is advisable, then the infective agent is determined, the penicillin susceptibility found, and the advisability of further administration is decided. Ontracisternal injection gives better dispersal of the drug and intraventricular injection is better suited in the event of foci and loculation.

A review is given of the use of penicillin in the treatment of a few neurological conditions. Meningococcic meningitis is probably best treated with sulfadiazine or with a combination of sulfadiazine and penicillin. Pneumococcic meningitis is probably best treated with the same combination. So far it has been difficult to assess the value of penicillin in staphylococcic and streptococcic meningitis. Penicillin has been unsuccessful in tuberculous meningitis, doubtful in influenzal meningitis, and ineffective against torula and toxo-

COSTEFF SANITARIUM
Mental and Nervous Disorders
Alcoholism and Drug Addiction
- **SHOCK TREATMENT** (Insulin, Metrazol Electro-shock) administered in suitable cases
- **ARTIFICIAL FEVER THERAPY**

Home like environment, individual attention. MODERATE RATES.
Licensed by the State of Illinois
HARRY COSTEFF, M. D., Medical Director
1109 NO. MADISON AVE., PEORIA, ILL.
Phone 4-0156 Literature on request.



in whooping cough

ELIXIR BROMAURATE

IS A UNIQUE REMEDY OF UNIQUE MERIT

Cuts short the period of illness and relieves the distressing spasmodic cough. Also valuable in Bronchitis and Bronchial Asthma.

In four-ounce original bottles. A teaspoonful every 3 to 4 hours.

Prescribed by Thousands of Doctors

GOLD PHARMACAL CO. NEW YORK CITY

plasmosis. The use of penicillin in the treatment of wounds has enabled the surgeon to carry out procedures heretofore inadvisable. However adequate surgical treatment is of primary concern. Penicillin has been helpful in the treatment of diseases of the coverings of the spinal column, and wounds of the spinal column. It has been particularly helpful in the treatment of decubitus ulcers.

Penicillin has been ineffective against multiple sclerosis, amyotrophic lateral sclerosis, brain tumor and tetanus. Its value in the treatment of neurosyphilis has not been definitely assessed. The results have been better in paresis than in tabes dorsalis, and it has served best in acute syphilitic meningitis.

This book is well written, easily read, and will be of value to physicians interested in diseases of the central nervous system. J.W.F.

TREATMENT OF DIABETES MELLITUS: Elliot P. Joslin, A.M., M.D., Sc.D.; Howard F. Root, M.D.; Priscilla White, M.D.; Alexander Marble, A.M., M.D.; C. Cabell Bailey, M.D. Lea & Febiger, Philadelphia, Pa. 861 pages, illustratd. 8th Edition, revised. Published November, 1946. Price $10.00.

This book has been published in its eighth edition which attests to its acceptance as an authoritative treatise on the treatment of diabetes mellitus. Thorough revision has been made with this edition. There

Radium Rental Service

By

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

●

The Physicians Radium Association

Room 1307—55 East Washington St.,
Pittsfield Bldg., CHICAGO 2, ILL.

Telephones: Central 2268-2269

Wm. L. Brown, M.D., Director

Wm. L. Brown, Jr., M.D., Associate



THE MARY POGUE SCHOOL

Complete facilities for training retarded and epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

Recreational facilities include riding, group games, selected movies under competent supervision.

Separate buildings for boys and girls under 24 hour supervision of skilled personnel.

Catalogue on request.

G. H. Marquardt, M.D. — *Medical Director*

Barclay J. MacGregor — *Registrar*

33 GENEVA ROAD,
WHEATON, ILLINOIS
(near Chicago)

Zemmer PHARMACEUTICALS
THE ZEMMER COMPANY
Chemists to the Medical Profession and Drug Trade
PITTSBURGH 13, PENNSYLVANIA

TABLETS
ALUMAZEM
ZEMMER
Magnesium Trisilicate 7½ grains combined with partially dehydrated Aluminum Hydroxide Gel corresponding to 4 grains Aluminum Hydrate.
Indicated for the temporary relief of gastric hyperacidity and the symptoms of peptic ulcer.
IL-647

BOOK REVIEWS (Continued)

are 861 pages, illustrated. The book reflects the experience with 29,000 diabetics and glycosurics over a period of forty-eight years.

Considerable space has been devoted to a study of the background of diabetes from almost every conceivable aspect, including such influential factors as incidence, race, sex, urban and rural mortality, heredity, constitutional factors, prevention, insurability, and many other interesting and valuable facts. An understanding between the physiology and pathology is established befor progressing to the diagnosis of diabetes. There are descriptions of simple tests which any physician can perform, as well as the more elaborate laboratory examinations. The diagnosis of hidden diabetes is discussed.

The treatment of diabetes covers three classifications of patients: those hospitalized for diabetic and non-diabetic complications; those who require less strict supervision under certain ambulatory conditions such as in nursing homes, certain home conditions, etc.; and those, the largest group of all, who are treated in the office of the physician. Diet and the various insulins are well covered, including the complications of insulin therapy. As diabetes may occur in the presence of diseases of any of the various bodily organs and systems, there is adequate discussion of the treatment under these conditions. The results of study of 8300 fatal cases are described and observations are made of 249 children whose diabetes has exceeded twenty years. There are descriptions of the treatment of 280 diabetic women in a period of the last ten years.

This book covers an extensive field but it has been written without being cumbersome. The physician will find that it is an excellent source of information in regard to treatment of diabetes under a large variety of conditions.

J. W. F.

Mass chest X-ray surveys are valuable in the fight against tuberculosis. Used judiciously as a screening method to reach every individual they will hasten the day when this disease will be a minor factor in morbidity and mortality statistics of the nation. Maurice Kovnat, M.D., J.A.M.A., Mar. 29, 1947.

Classified Ads

RATES FOR CLASSIFIED ADVERTISEMENTS—For 30 words or less: 1 insertion, $3.00; 3 insertions, $8.00; 6 insertions, $14.00; 12 insertions, $24.00; from 30 to 50 words: 1 insertion, $4.00; 3 insertions, $10.50; 6 insertions, $20.00; 12 insertions, $30.00. Extra words: 1 insertion, 10c each; 3 insertions, 25c each; 6 insertions, 40c each; 12 insertions, 50c each. A fee of 25c is charged for those advertisers who have answers sent care of the Journal. Cash in advance must accompany copy.

WANTED: Young man interested in hone and joint surgery for a period of 2 years. Training under recognized specialist. Salary. Write Box 128 Illinois Medical Journal, 30 N. Michigan Ave., Chicago 2, Ill.

WANTED: Certified Radiologist (Veteran) desires part-time position with hospital or group; must he within radius of 50 miles from Chicago. Write Box 127, Illinois Medical Journal, 30 N. Michigan, Chicago 2.

FOR SALE—8 flat brick. Suitable for doctor's offices, hospital, convalescent home. Near North Side. Examination table, microscope, balance scale, surgical instruments, and other items. For information call EAStgate 6421 or write Mrs. Buckels, 554 W. Dickens, Chicago 14.

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our **ALCOHOLIC** treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquor withdrawn gradually, no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The **DRUG** treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101



COSMETIC *HAY FEVER?*
Prescribe UNSCENTED AR-EX Cosmetics
Recent clinical tests showed many cases of cosmetic sensitivity, but not a single one to UNSCENTED AR-EX Cosmetics. For allergic patients, prescribe UNSCENTED AR-EX Cosmetics—free from all known irritants and allergens. SEND FOR FREE FORMULARY.



AR-EX COSMETICS, INC., 1036 W. VAN BUREN ST., CHICAGO 7, ILL.

FREE FORMULARY
DR._____
ADDRESS_____
CITY_____
STATE_____


COPYRIGHT, 1943
MEAD JOHNSON & CO.
EVANSVILLE, IND. ,U.S.A.
PABLUM
PABENA

N Y Acad of Med
5 Ave & 103rd St
New York N Y
Luch



COLONIAL HALL
One of the 14 Units in "Cottage Plan"

FOR NERVOUS DISORDERS

MAINTAINING the highest standards for more than a half century, the Milwaukee Sanitarium stands for all that is best in the care and treatment of nervous disorders. Photographs and particulars sent on request.

Josef A. Kindwall, M. D.
Carroll W. Osgood, M. D.
William T. Kradwell, M. D.
Benjamin A. Ruskin, M. D.
Lewis Danziger, M. D.
Russell C. Morrison, M. D.
E. Madison Paine, M. D.
H. Gladys Spear, M. D.
Arthur J. Patek, M. D.

G. H. Schroeder
Business Manager

MILWAUKEE SANITARIUM

WAUWATOSA—WISCONSIN

PHYSICIAN'S CHICAGO OFFICE—1117 Marshall Field Annex—Wednesdays, 1-3 P.M.—Central 1162

THE N.Y. ACADEMY OF MEDICINE
SEP -2 1947
LIBRARY.

The ILLINOIS Medical Journal

VOL. 92 NO. 2

August, 1947

In This Issue

Pictorial Report on the 1947 Annual Meeting

Cancer of the Pancreas

Prognosis of Acute Coronary Heart Disease

(See page 29 for complete Table of Contents)

OFFICIAL JOURNAL OF THE ILLINOIS STATE MEDICAL SOCIETY

a new antihistaminic

with improved clinical effectiveness

with limited unpleasant side reactions

HYDRYLLIN

This new product of Searle Research is composed of a synthetic histamine antagonist, diphenhydramine*, and the well accepted bronchial antispasmodic, Aminophyllin. The combining of these two components provides an augmented effect in the prevention and control of allergic disturbances associated with abnormal histamine release, with limited disagreeable side reactions.

Each tablet contains:

Diphenhydramine* (Searle)..... 25 mg.
Aminophyllin (Searle).....100 mg.

Indicated in:

Urticaria, atopic dermatitis, eczematous dermatitis, penicillin reactions, hay fever, allergic rhinitis complicated by bronchial asthma, bronchial asthma, other allergic manifestations.

Recommended dosage:

One or two tablets three or four times a day.

Now available at your prescription pharmacy in bottles of 100 tablets. A product of G. D. Searle & Co., Chicago 80, Illinois.

*Diphenhydramine is the name adopted by the Council on Pharmacy and Chemistry of the American Medical Association for β-dimethylaminoethyl benzohydryl ether.

SEARLE RESEARCH IN THE SERVICE OF MEDICINE

Entered as Second-Class Matter July 21, 1919, at the Post Office, Oak Park, Illinois, under the Act of March 8, 1879. Acceptance for mailing at special rate of postage provided for in section 1102, Act of October 8, 1917, authorized July 15, 1918. Office of Publication, 715 Lake Street, Oak Park, Ill.

The Accurate Measure of Activity



Uniformity of response is always directly dependent upon the accuracy of the assay method employed. Since THEELIN is chemically pure and free of all nonessential material, it is possible to measure its physiologic potency accurately by weight alone. One international unit of this crystalline substance is defined as 0.0001 mg. Such accuracy is not considered possible in bio-assay tests.

For years THEELIN has been accepted for control of natural or artificial menopausal symptoms, including the associated vasomotor crises and other physical and mental changes characteristic of the female climacteric.

THEELIN, now available in all strengths, is an accepted specific in relieving menopausal symptoms and sequelae.

Theelin

THEELIN IN OIL—in ampoules of 1 cc. containing 1000, 2000, 5000 and 10,000 international units.

THEELIN AQUEOUS SUSPENSION—in ampoules of 1 cc. containing 20,000 international units.

MEDICAMENTA VERA P CO.

PARKE, DAVIS & COMPANY, DETROIT 32, MICHIGAN

How you

can obtain desired

serum levels

of sulfadiazine

in **2** *hours*

instead of **6**

It has been established that Eskadiazine—an aqueous suspension of Micraform sulfadiazine for oral use—is absorbed 3 to 5 times more quickly than sulfadiazine in tablet form. This more rapid action is obviously highly desirable.

Exceptionally palatable and pleasing in consistency, Eskadiazine is willingly accepted by all types of patients—especially the young and the very young. Won't you prescribe Eskadiazine in your next suitable case?

Eskadiazine

the
outstandingly
palatable
fluid
sulfadiazine
for
oral use

Smith, Kline & French Laboratories, Philadelphia

Introducing

"A HEMATINIC PLUS"



- IRON
- FOLIC ACID
- LIVER
- VITAMIN C
- B-COMPLEX FACTORS

A *NEW* Formula for the Modern Treatment of Hypochromic Anemia

Cytora 'Roche-Organon' is *"a hematinic plus"*— a complete medication specially formulated for the prevention and treatment of hypochromic anemia. Each Cytora tablet contains a well-balanced combination of iron, folic acid, liver, vitamin C and five B-complex factors; thus Cytora provides in a single tablet important factors utilized in erythropoiesis *plus* other dietary essentials so frequently needed by patients with hypochromic anemia and by patients during pregnancy and postoperative convalescence. Cytora is available in bottles of 100, 250, and 1000 tablets. For a professional trial supply of Cytora, write to Department C-8. ROCHE-ORGANON INC., Roche Park, Nutley 10, N. J.

CYTORA

'ROCHE-ORGANON'

RO-CYT-8F

T.M.—Cytora—Reg. U.S. Pat. Off.

PROLONGED *Barrier Action*



1—Precoitus. Effective occlusion of cervical os by "RAMSES" Vaginal Jelly.

2—One hour postcoitus. Barrier action maintained by film of jelly.

3—Four hours postcoitus. Uterine os remains occluded.

4—Ten hours postcoitus. Occlusion still manifest—barring the passage of sperm.

The direct-color photographs shown above establish the prolonged barrier action of "RAMSES"* Vaginal Jelly. For photographic purposes, the jelly, which has a transparent clarity, was stained with a nonspermatocidal concentration of methylene blue.

In addition to the barrier action provided by its exclusive gum base "RAMSES" Vaginal Jelly immobilizes sperm rapidly.

Tests by an accredited independent laboratory, supported by clinical work of an outstanding research organization, confirm the lack of irritation and toxicity under continuous use. For dependability in spermatocidal jelly specify

Ramses VAGINAL JELLY

TRADEMARK REG. U.S. PAT. OFF.

Active ingredients: Dodecaethyleneglycol monolaurate 5%; Boric Acid 1%; Alcohol 5%.

gynecological division **JULIUS SCHMID, INC.**

quality first since 1883

423 West 55th St., New York 19, N. Y.

*The word "RAMSES" is a registered trademark of Julius Schmid, Inc.



Beautiful solution

to a beastly problem . . .

Comes summer . . . comes hay fever . . . comes Neo-Synephrine for relief.

Decongestion of nasal and ocular edema occurs promptly, lasts for hours . . . hypersecretion and excessive lacrimation are quickly checked . . . days are more comfortable, nights more restful.

Neo-Synephrine

BRAND OF PHENYLEPHRINE HYDROCHLORIDE

For hay fever relief

INDICATED for relief of the nosal and ocular symptoms of hay fever, sinusitis and summer colds.

FOR INTRANASAL USE: ¼% in isotonic saline and in isotonic solution of three chlorides (Ringer's) with aromatics, 1% in saline, 1 fl. oz. bottles; ½% in water-soluble jelly, ⅝ oz. applicator tubes.

FOR OPHTHALMIC USE: ⅛% in low surface tension, aqueous solution,* isotonic with tears, 15 cc. bottles.

FREDERICK STEARNS & COMPANY • DIVISION

DETROIT 31, MICHIGAN • New York • Kansas City • San Francisco • Atlanta
Windsor, Ontario • Sydney, Australia • Auckland, New Zealand

*Contains Aerosol OT 100 (dioctyl ester of sodium sulfosuccinate) 0.001%

Trade-Mark *Neo-Synephrine* Reg. U. S. Pat. Off.

TEST MOLYBDENUM-IRON

ON YOUR MOST STUBBORN CASE

OF HYPOCHROMIC ANEMIA

White LABORATORIES, INC.,
Pharmaceutical Manufacturers,
Newark 7, N. J.

White's

Recent clinical investigation indicates that Mol-Iron produces a substantially more rapid, average hemoglobin increase than ferrous sulfate, with about ½ the intake of therapeutic iron.

Gastro-intestinal side-effects are remarkably infrequent with this new hemopoietic agent even in patients who have been shown to be unable to tolerate other iron preparations.

White's Mol-Iron is a specially processed, co-precipitated complex of molybdenum oxide 3 mg. (1/20 gr.) and ferrous sulfate 195 mg. (3 gr.).

In bottles of 100 and 1000 tablets.

Test molybdenum iron on your most stubborn case of hypochromic anemia. Confirm for yourself the more rapid therapeutic action and relative freedom from side-effects of—

Mol-iron *Tablets*

MOLYBDENIZED FERROUS SULFATE

Only PROTOLAC means...



Carefully selected and blended *whole proteins* and high-protein products from animal and vegetable sources supply not only all essential amino acids, but also all the *unidentified* factors which serve to make *intact proteins* "better than complete amino acid mixtures or protein hydrolysates for certain clinical purposes."* • Most important, Protolac possesses an amino acid pattern which insures *100% biological value*—shown by bio-assays. It thus can give BETTER CLINICAL RESULTS with LOWER DOSAGE. • Highly acceptable to patients because of its *palatability*, Protolac is indicated for *oral* high protein therapy pre- and postoperatively, in peptic ulcer, malnutrition, pregnancy and lactation, liver and kidney diseases, or whenever increased dietary protein of optimum nutritional value is required. Protolac may be combined readily with milk or other foods. Recipe suggestions with every jar.

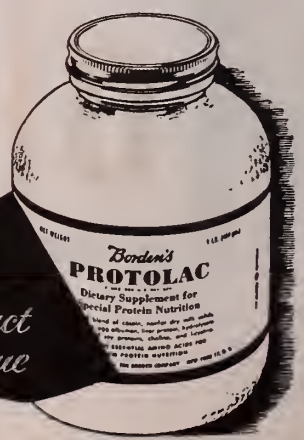
** Editorial, J.A.M.A., 131:826, 1946.*

Formula: Protolac is a powdered blend of casein, non-fat dry milk solids, lactalbumin, egg albumen, liver protein, hydrolysate of yeast and soy proteins, choline and l-cystine. Available in 1-lb. jars at all pharmacies.

Write for professional information to

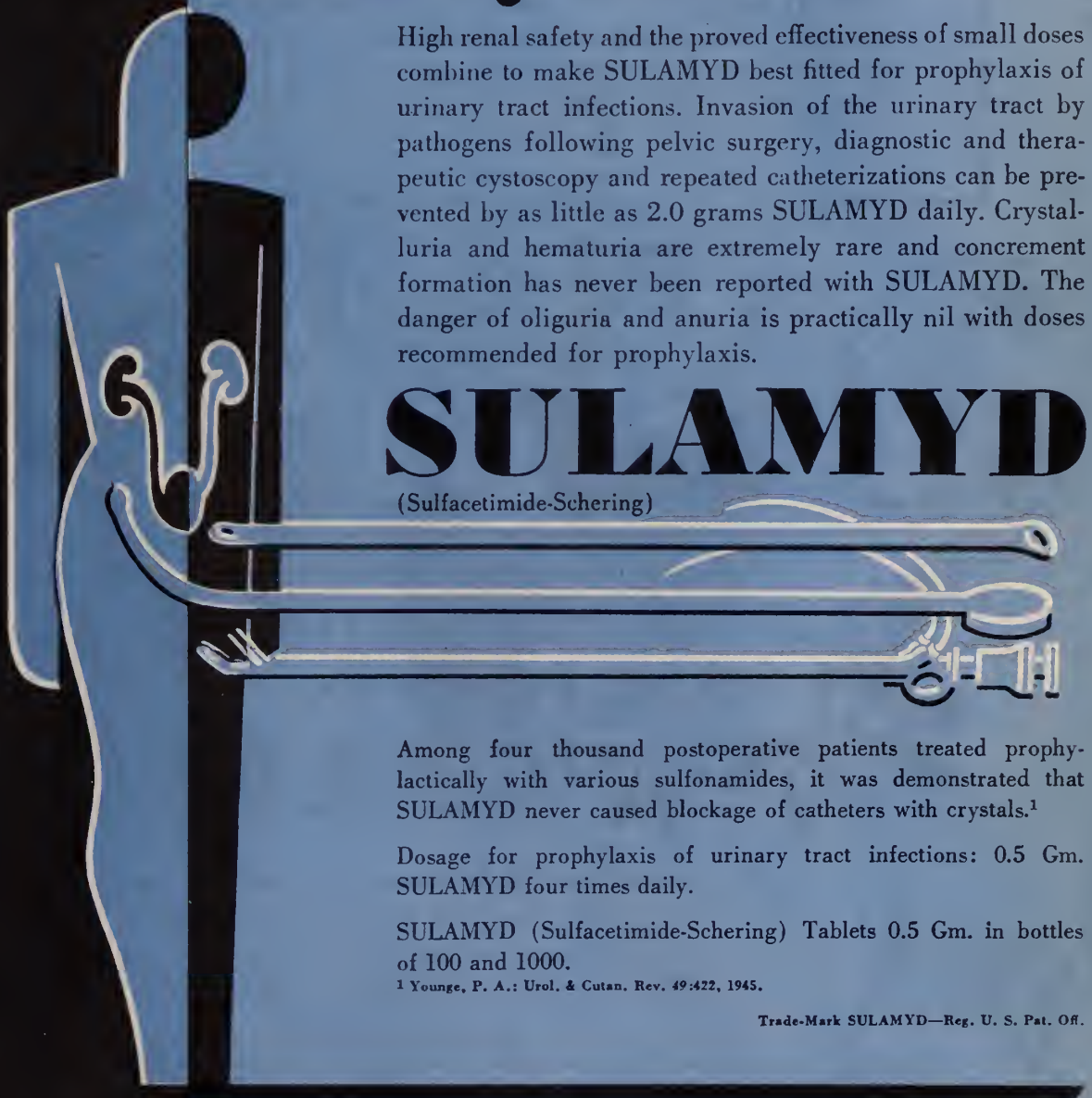
BORDEN'S PRESCRIPTION PRODUCTS DIVISION
350 Madison Avenue, New York 17

FOR ORAL USE ONLY



PROTOLAC
The whole protein product with 100% biological value

Best fitted for PROPHYLAXIS *of urinary tract infections*



High renal safety and the proved effectiveness of small doses combine to make SULAMYD best fitted for prophylaxis of urinary tract infections. Invasion of the urinary tract by pathogens following pelvic surgery, diagnostic and therapeutic cystoscopy and repeated catheterizations can be prevented by as little as 2.0 grams SULAMYD daily. Crystalluria and hematuria are extremely rare and concrement formation has never been reported with SULAMYD. The danger of oliguria and anuria is practically nil with doses recommended for prophylaxis.

SULAMYD

(Sulfacetimide-Schering)

Among four thousand postoperative patients treated prophylactically with various sulfonamides, it was demonstrated that SULAMYD never caused blockage of catheters with crystals.[1]

Dosage for prophylaxis of urinary tract infections: 0.5 Gm. SULAMYD four times daily.

SULAMYD (Sulfacetimide-Schering) Tablets 0.5 Gm. in bottles of 100 and 1000.

[1] Younge, P. A.: Urol. & Cutan. Rev. 49:422, 1945.

Trade-Mark SULAMYD—Reg. U. S. Pat. Off.

SCHERING

Schering CORPORATION • BLOOMFIELD, NEW JERSEY

IN CANADA, SCHERING CORPORATION LIMITED, MONTREAL

Experience is the Best Teacher

Robert Koch (*1843-1910*) **proved it in bacteriology...**

Koch showed in his postulates that he knew the value of experience: Specificity is demonstrated only when the microorganism (1) is present in all cases of the disease, (2) can be cultivated in pure culture, (3) produces the disease in susceptibles on inoculation, and (4) can be recultivated in pure culture.

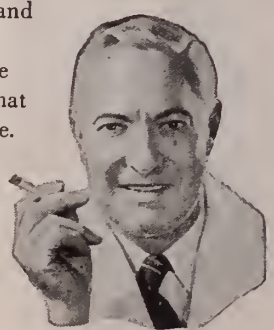




Yes, and experience is the best teacher in smoking too!

The wartime cigarette shortage was a real experience for smokers. Millions of people smoked whatever brand was available—more different brands than they might ordinarily have tried in years. And from that experience so many more smokers chose Camel as their cigarette that today more people are smoking Camels than ever before.

But, no matter how great the demand, we don't tamper with Camel quality. Only choice tobaccos, properly aged, and blended in the time-honored Camel way, are used in Camels.

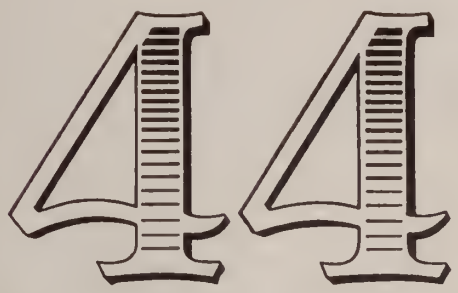


According to a recent Nationwide survey:

MORE DOCTORS SMOKE CAMELS

than any other cigarette

R. J. Reynolds Tobacco Company
Winston-Salem, North Carolina



Uses for Nembutal

As the published reports pile up—now in the hundreds—short-acting Nembutal is being applied in an increasing variety of conditions. The list at right is only partial. • Because doses adjusted to the need can achieve any desired degree of cerebral depression, from mild sedation to deep hypnosis, short-acting Nembutal naturally lends itself to extensive application. • Small dosage—only about *one-half* that required by many other barbiturates—adds the advantages of shorter effect, reduced possibility of after-effect, marked clinical safety and definite economy to the patient. • In most cases, doses as small as these will suffice: *for mild sedation*, ¼ to ¾ gr.; *for simple insomnia*, ½ to 1 gr.; *for true hypnosis*, 1½ grs.; *for pre-operative medication*, 1½ grs. the night before and 1½ to 3 grs. two hours preceding the operation. • Your pharmacy can supply you with any of 11 Nembutal products in convenient small dosage forms to fit any short-acting sedative and hypnotic need.

In equal oral doses, no other barbiturate combines QUICKER, BRIEFER, MORE PROFOUND EFFECT than . . .

Nembutal®

(Pentobarbital Sodium, Abbott)

ABBOTT LABORATORIES, North Chicago, Illinois.

Sedative

Cardiovascular

Hypertension[1] Decampensatian
Caranary Disease[1]
Angina[1]
Peripheral Vascular Disease

Endacrine Disturbances

Hyperthyraid
Menapause—female, male

Nausea and Vamiting

Functianal ar Organic Disease (acute gastra-intestinal and ematianal)
X-Ray Sickness Pregnancy
Matian Sickness

Gastra-Intestinal Disarders

Cardiaspasm[2] Pylaraspasm[2]
Spasm af Biliary Tract[2] Calitis[2]
Spasm af Calan[2] Peptic Ulcer[2]
Biliary Dyskinesia

Allergic Disorders

Irritability
Ta Cambat Stimulatian af Ephedrine alane, etc. [3, 1]

Irritability Assaciated With Infectians[4]

Restlessness and Irritability With Pain[5, 4]

Central Nervaus System

Paralysis Agitans Charea
Hysteria Delirium Tremens
Mania

Anticanvulsant

Status Epilepticus Tetanus
Traumatic Eclampsia
Strychnine Anesthesia

Hypnotic

Inductian af Sleep

Obstetrical

Nausea and Vomiting
Eclampsia
Amnesia and Analgesia[5]

Surgical

Pre-aperative Sedatian
Basal Anesthesia
Past-aperative Sedation

Pediatric

Sedatian far:

Special Examinatians
Blaad Transfusians
Administratian af Parenteral Fluids
Reactians ta Immunizatian Pracedures
Minar Surgery

Pre-aperative Sedatian

Nembutal alane ar [1]Glucaphylline® and Nembutal, [2]Nembutal and Belladanna, [3]Ephedrine and Nembutal, [4]Nembudeine® [5]Nembutal and Aspirin, [6]administered with scapalamine ar ather drugs.



PROTEIN SPARER

Carbohydrates as protein sparers have particular significance in infant nutrition, which requires a high order of efficient utilization of protein for an active metabolism.

CARTOSE* is well tolerated; its content of dextrins in association with maltose and dextrose minimizes gastrointestinal discomfort due to an excessive concentration of readily fermentable sugars in the gastrointestinal tract.

CARTOSE is liquid, facilitating rapid, exact formula preparation. It is compatible with any formula base—liquid, evaporated, or dried milk.

SUPPLIED: In clear glass bottles containing 1 pt. Two tablespoonfuls (1 fl. oz.) provide 120 calories. Available through recognized pharmacies only.

ACCEPTED AMERICAN MEDICAL ASSN.

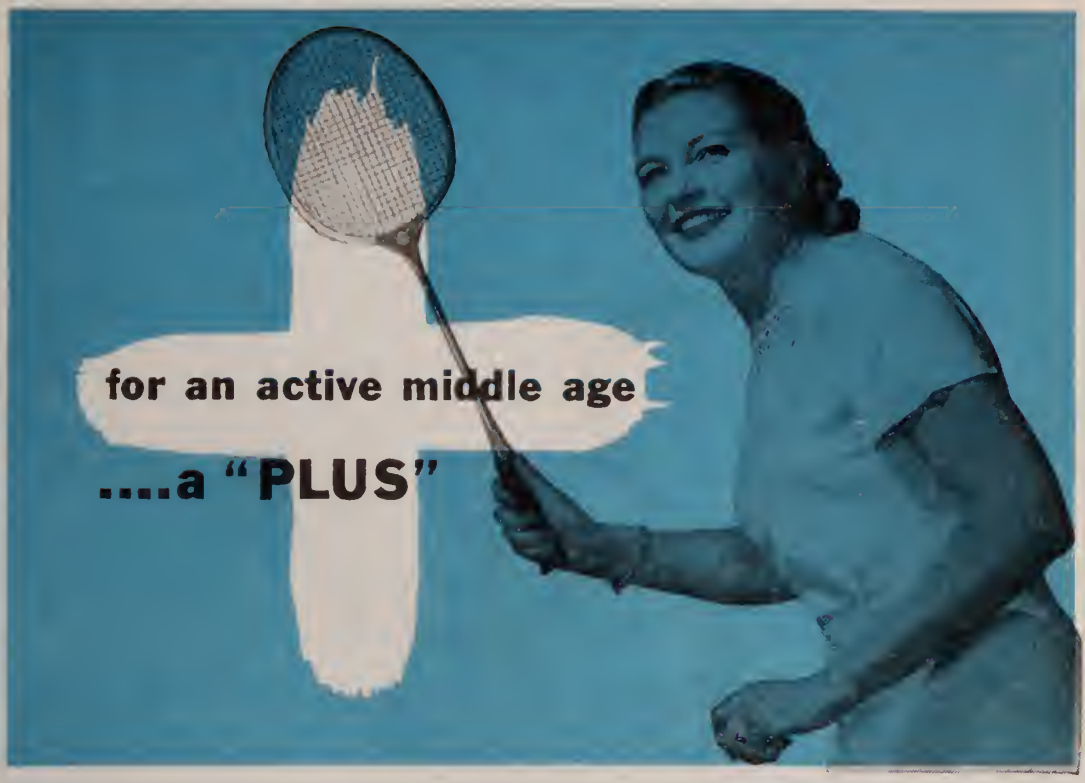
CARTOSE

REG. U. S. PAT. OFF.

Mixed Carbohydrates

*The word CARTOSE is a registered trademark of H. W. Kinney & Sons, Inc.

H. W. KINNEY & SONS, INC. (Kinney trademark) COLUMBUS, INDIANA



The "sense of well-being" so frequently reported by patients following "Premarin" therapy often means the difference between an active, enjoyable middle age and a sedentary one. Not only prompt relief from distressing menopausal symptoms but also a brighter mental outlook which may be translated into a desire "to be doing things"...such are the results which may usually be expected following "Premarin" administration . . . therapy with a "plus."

"Premarin" provides effective estrogenic therapy through the oral route with comparative freedom from untoward side effects.

"Premarin" is available as follows:

Tablets of 2.5 mg. bottles of 20 and 100.
Tablets of 1.25 mg. bottles of 20, 100 and 1000.
Tablets of 0.625 mg bottles of 100 and 1000.
Liquid, containing 0.625 mg. in each 4 cc. (1 teaspoonful) bottles of 120 cc.

While sodium estrone sulfate is the principal estrogen in "Premarin," other equine estrogens . . . estradiol, equilin, equilenin, hippulin . . . are also present as water-soluble sulfates. The water solubility of conjugated estrogens (equine) assures rapid absorption from the gastrointestinal tract.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Ayerst

CONJUGATED ESTROGENS
(equine)

"Premarin"®

AYERST, McKENNA & HARRISON Limited

22 EAST 40th STREET, NEW YORK 16, N. Y.



The First Prescription...

The First Prescription was written in Egypt about 3700 B.C. Later, when the color of an herb was believed to indicate which planet it was under and for what disease it should be used, herbs were compounded with long prayers for their success to Jupiter, largest of the planets. Next, the prayers were condensed, written over the command "Recipe!" (Take!), and finally shortened to ℞ (R plus a vestige of the old sign of Jupiter).

The First Dental Prescription was Galen's, about 165 A.D.—a smooth paste for the cavity of an aching tooth (carrot, anise and parsley seeds, saffron, black pepper and opium).

Between those prescriptions—about 2030 B.C., in the Code of Hammurabi—broke the dawn of malpractice law. ("*If the doctor has caused a gentleman to die, one shall cut off his hands . . . if he has caused a slave's death, he shall render slave for slave.*")

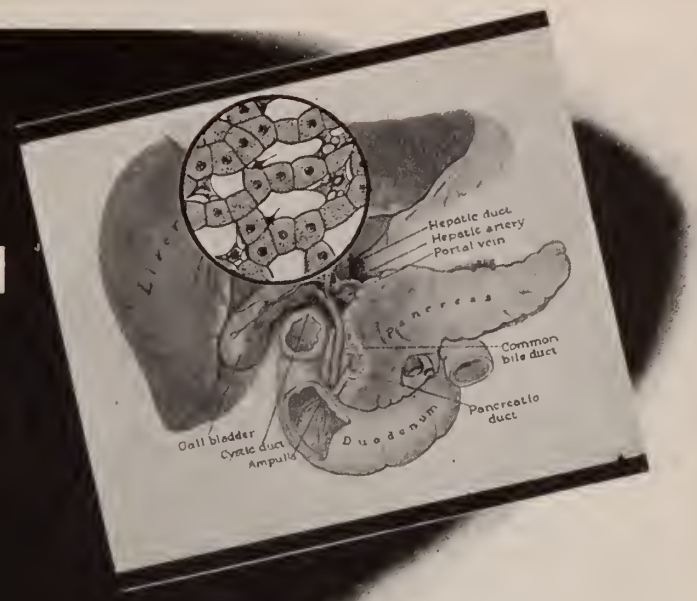
The First Prescription Today, for most doctors, is the *complete protection* and the *confidential service* provided by a Medical Protective policy.

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA

Professional Protection EXCLUSIVELY . . . *since 1899*

CHICAGO: T. J. Hoehn, E. M. Breier, W. R. Clouston, and Robert B. Johnson, Representatives, 1142-44 Marshall Field Annex Bldg., Tel. State 0990—SPRINGFIELD: F. A. Seeman, Representative, 307 Illinois National Bank Bldg., Tel. 7915

Safe STIMULATION in HEPATIC DEFICIENCY



Especially in those cases of hepatic dysfunction and hypofunction in which a choleretic or cholagogue is to be avoided . . . in post-surgical biliary symptoms and in affections requiring arsenicals or surgery—

SORPARIN has been found to provide valuable support for the liver. Sorparin apparently stimulates the liver cells to increased activity. Because of its vitamin K-like activity, it increases blood prothrombin levels. It has been found of value in dispelling the symptoms of gastric discomfort frequently concomitant with hepatic deficiency.

Nontoxic and non-kinetic. Has no known contraindications. May be prescribed in obstructive conditions.

SORPARIN

(Ext. Sorbus aucuparia McNeil)

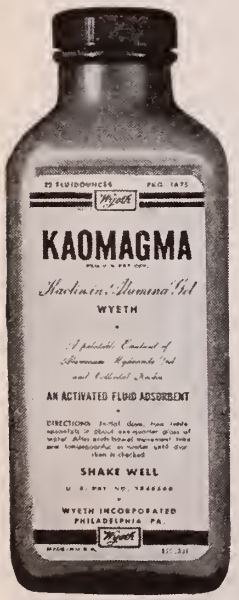
INDICATIONS: ● Hepatitis with or without jaundice ● Idiopathic hypoprothrombinemia ● Post-surgical biliary syndrome ● Indeterminate dyspepsias ● Sorparin is also useful for mild liver dysfunction secondary to such conditions as chronic cholecystitis.

Supplied in tablets each containing 3 grains.
Bottles of 100, 500 and 1000.

McNeil Laboratories, Inc.
Philadelphia 32, Pa., U.S.A.



First we must check that diarrhea...



Bottles of 6 and 12 fl. oz. Dose: 2 tablespoonfuls in water, then 1 tablespoonful after each bowel movement.

Regardless of the cause, diarrhea is best controlled by Kaomagma.

KAOMAGMA

- consolidates fluid stools
- facilitates the removal of bacteria and their toxins
- prevents mechanical or toxic irritation of the mucosa

Kaomagma, an emulsion of colloidal kaolin in alumina gel, is a far more efficient adsorbent than bismuth preparations. And unlike opium derivatives, Kaomagma does not interfere with normal propulsive peristalsis.

KAOMAGMA® controls diarrhea

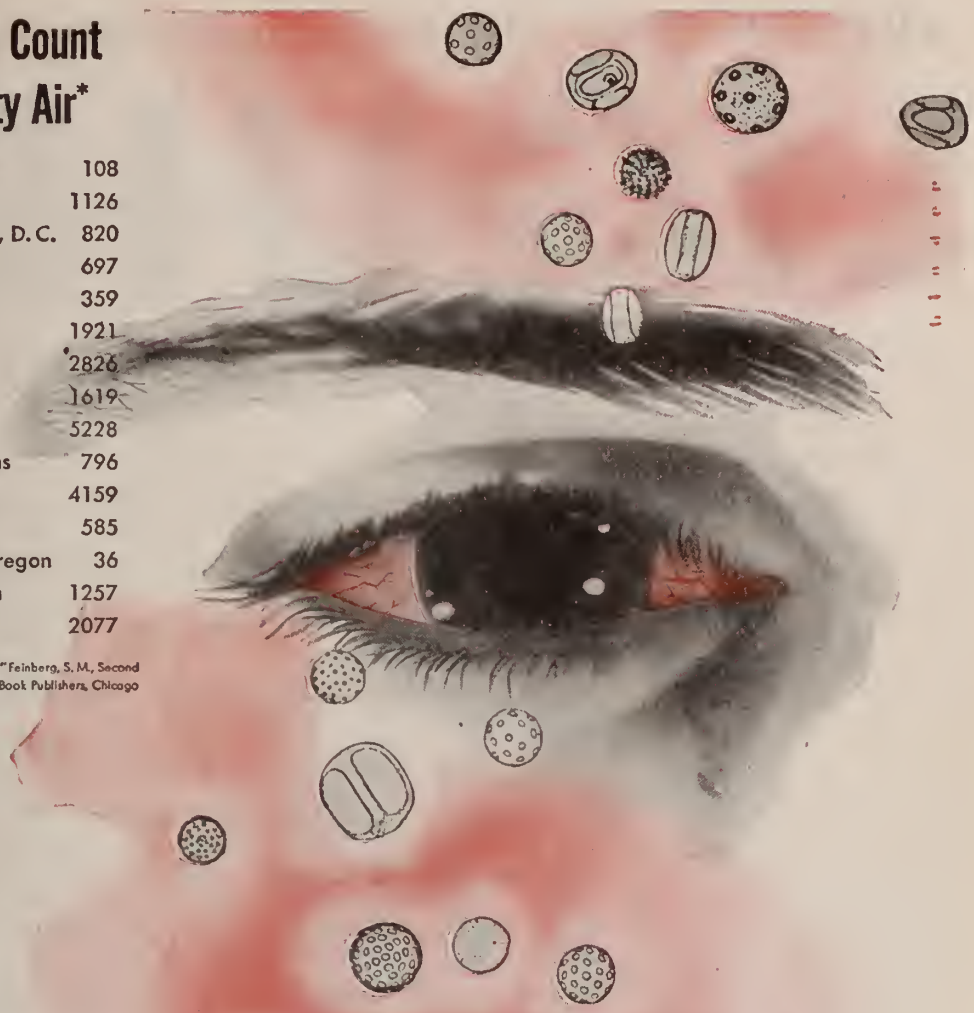
WYETH Incorporated • Phila. 3, Pa. Wyeth®

® Trade Mark Reg. U. S. Pat. Off.

Pollen Count of City Air*

Los Angeles	108
Denver	1126
Washington, D. C.	820
Atlanta	697
Boston	359
Detroit	1921
St. Louis	2826
Chicago	1619
Des Moines	5228
New Orleans	796
Omaha	4159
New York	585
Portland, Oregon	36
Philadelphia	1257
Dallas	2077

*"Allergy in Practice," Feinberg, S. M., Second Edition: 1946, Year Book Publishers, Chicago



Pyribenzamine

HYDROCHLORIDE

In seasonal hay fever Pyribenzamine has provided effective symptomatic relief in 82 per cent of patients.* It has also been successfully employed in urticarial dermatoses, acute and chronic atopic dermatitis and certain allergic drug reactions. The comparatively low incidence of side effects permits adequate doses in cases where other antihistaminics have not been tolerated.

*Feinberg, J.A.M.A. 132:702, 1946

PYRIBENZAMINE ® (brand of tripelennamine)

For further information, write Professional Service Division

CIBA PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

BRISTOL Penicillin in Oil and Wax is now

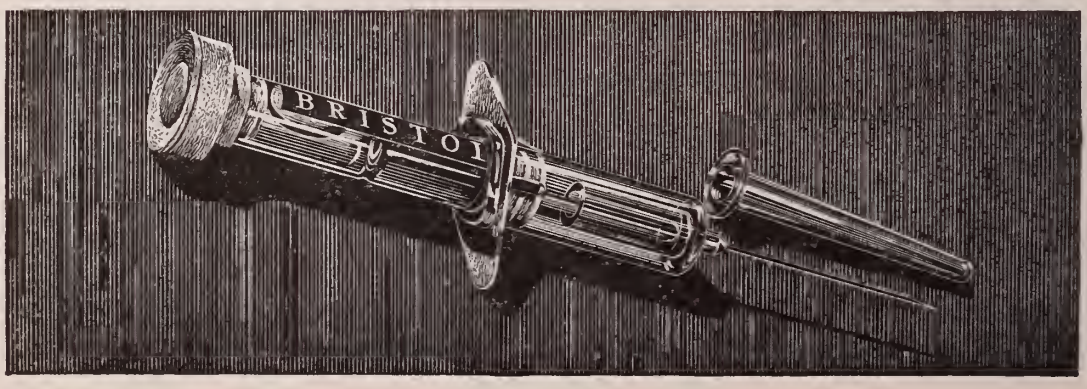
LIQUID

. . . for easier administration

Now you can inject Bristol's Crystalline Sodium Penicillin G in Oil and Wax (Romansky Formula) with far greater ease than in the past. Due entirely to changes in the manufacturing process and without any alteration in formula, the viscosity of the product at room temperature has been brought to a point which approximates that of U.S.P. glycerin. This is a significant development in penicillin therapy. Specify Bristol and obtain the benefits of LIQUID Romansky Formula.

Supplied in one cc. cartridges of 300,000 units, with or without special syringe equipment, and in 10 cc. rubber-stoppered vials. Needs no refrigeration in storage or warming before use.

Bristol LABORATORIES INC., SYRACUSE, NEW YORK



THERAPEUTIC BY RECOGNIZED STANDARDS

Enforbec

TRADE MARK



Each Enforbec tablet provides truly **THERAPEUTIC** *doses of all of the four critical water-soluble vitamins—thiamin, riboflavin, niacin and ascorbic acid—conforming to the recommendations of the Council on Foods and Nutrition.**

"Treatment for a deficiency involves administration...of large enough doses of the vitamin to be of therapeutic value and continuation of this treatment for long enough periods to assure a satisfactory therapeutic trial."*

*Council on Foods and Nutrition: Vitamin Deficiencies: Stigmas, Symptoms and Therapy: J.A.M.A., 131:666. (June 22) 1946.

EACH ENFORBEC TABLET CONTAINS:

Thiamin HCl (B_1)	10 mg.
Riboflavin (B_2)	5 mg.
Niacinamide	100 mg.
Pyridoxine HCl (B_6)	0.1 mg.
Calcium Pantothenate	10 mg.
Ascorbic Acid (C)	100 mg.

Plus additional factors of the vitamin B complex present in liver B fraction and yeast.

Coated hexagonal tablets of distinctive appearance and pleasing flavor and odor. Bottles of 100.

Harrower LABORATORY, INC · GLENDALE, CALIFORNIA

for the nervous patient

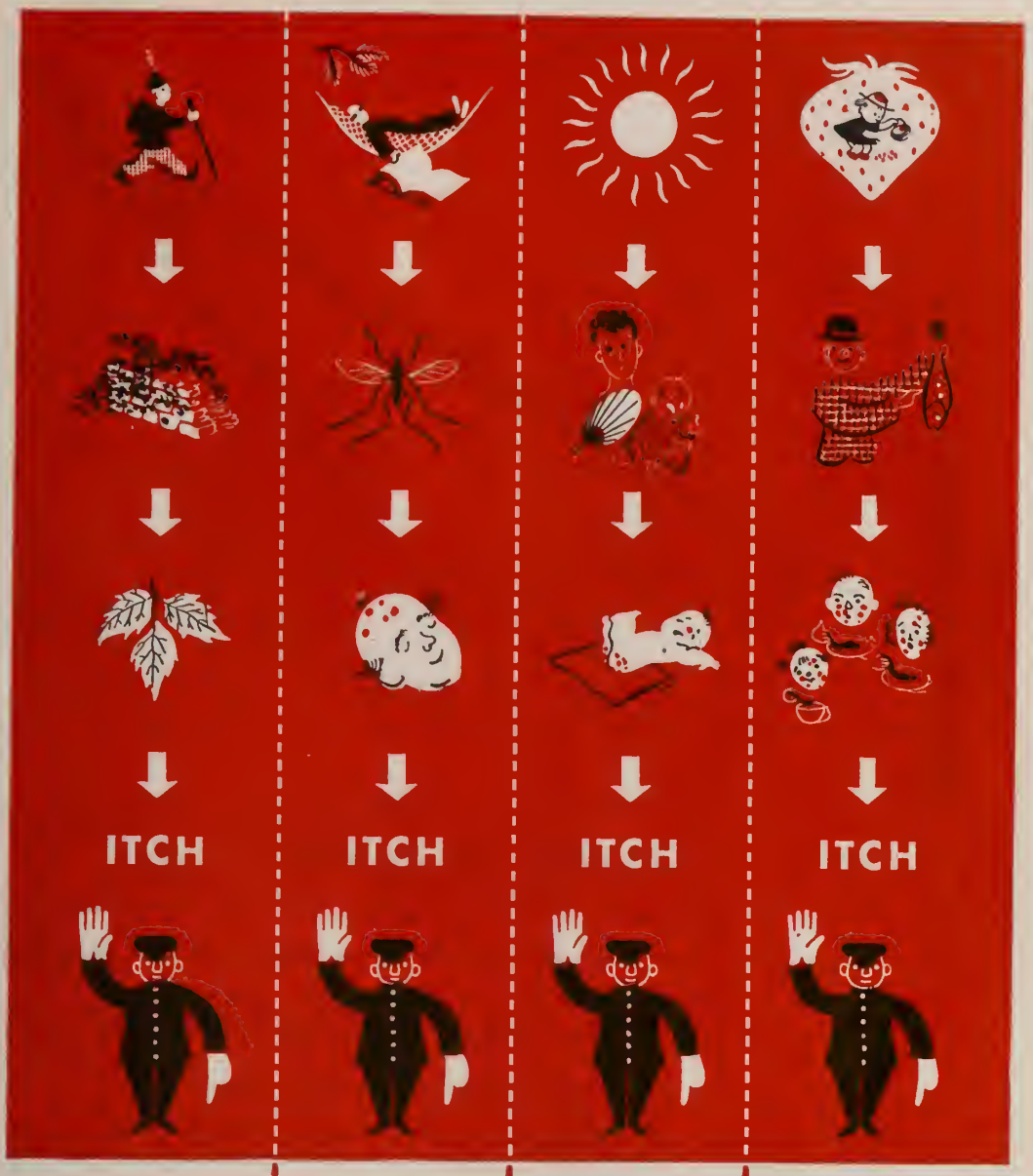
with poor appetite

ESKAPHEN B ELIXIR . . . a delightfully palatable combination of phenobarbital and thiamine . . . has been developed for the many tense and nervous patients, especially women, whose most characteristic symptoms are agitation, wakefulness and poor appetite.
For these patients . . .
suffering more often than not from thiamine deficiency . . . ESKAPHEN B provides, in a pharmaceutically excellent preparation, both the calming action of phenobarbital and the tone-restoring effect of Vitamin B_1.



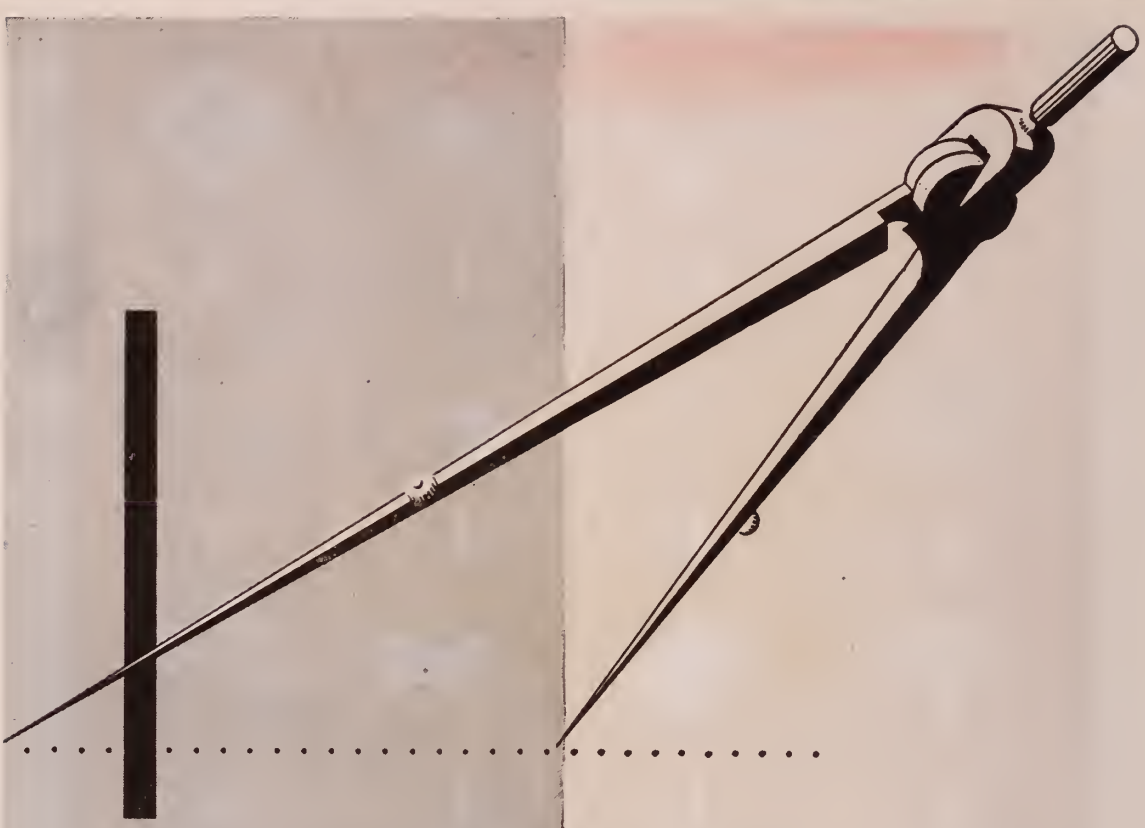
new Eskaphen B Elixir

Smith,
Kline
& French
Laboratories,
Philadelphia



CALMITOL

Thos. Leeming & Co., Inc.
155 EAST 44TH STREET, NEW YORK 17, N. Y.



For a wider margin of safety

Syntropan* 'Roche' — non-narcotic antispasmodic — relaxes smooth muscle spasm by direct action on the muscle cell and by exerting an inhibiting influence on the parasympathetic terminations in smooth musculature.

Unlike atropine or belladonna, when Syntropan 'Roche' is given in therapeutic doses, there is very little likelihood of mouth dryness, mydriasis or tachycardia. The dual action plus the wide margin of safety make Syntropan a most effective and desirable antispasmodic. HOFFMANN-LA ROCHE INC · NUTLEY 10 · N. J.

* Reg. U. S. Pat. Off. Syntropan 'Roche' is the phosphate of *d,l*-tropic acid ester of 3-diethylamino-2, 2-dimethyl-1-propanol.

'SYNTROPAN 'ROCHE'

NON-NARCOTIC ANTISPASMODIC

In This New "Self Selected" Diet Regimen..



IN THE modern day infant feeding plan, where the infant is permitted to choose what he likes from a group of foods offered, Libby's Baby Foods prove especially advantageous. Through Libby's exclusive process of homogenization cellulose cell capsules are ruptured and all fibrous material is reduced to microscopic particles. Hence Libby's Baby Foods are satin-smooth in texture, the nutrients are dispersed homogeneously throughout the food mass, and there is no "separating out" of the solids from the liquid. Libby's frequently have been fed as early as the sixth week of life, conditioning the infant to a wide variety of foods.

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

Beets • Carrots • Green Beans • Peas • Spinach • Squash • Vegetable Soup • Mixed Vegetables • Garden Vegetables • Liver Soup • Vegetables with Bacon • Vegetables with Beef and Barley • Vegetables with Lamb • Apples and Apricots • Apples and Prunes • Apple Sauce • Peaches • Peaches-Pears-Apricots • Pears and Pineapple • Prunes (with Pineapple Juice and Lemon Juice) • Custard Pudding



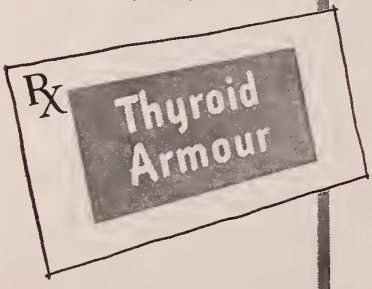
Libby, McNeill & Libby • Chicago 9, Illinois



Check the B.M.R.

The basal metabolic rate is still the most significant criterion in diagnosing hypothyroidism. And the goal of therapy in hypothyroidism is the restoration and maintenance of a normal B. M. R. To attain this goal a thyroid preparation of dependable, unvarying potency and accurate standardization is essential. To this end, THE ARMOUR LABORATORIES, pioneers in this field, has long led the way in developing new and better methods of preparing medicinal thyroid from the world's largest supply of fresh animal material.

Supplied in 1/10, 1/4, 1/2, 1, 2, and 5 grain tablets and in powder, U. S. P.



Have confidence in the preparation you prescribe . . . specify ARMOUR

THE ARMOUR LABORATORIES

CHICAGO 9, ILLINOIS

Headquarters for Medicinals of Animal Origin



Pulling together

For Speedier Recovery in HYPOCHROMIC ANEMIA

Combining the actions of iron with the therapeutic effects of adequate amounts of other essential nutrients makes for speedier and more efficient recovery in hypochromic anemia.

The frequent occurrence of multiple vitamin deficiencies in patients with hypochromic anemia makes it especially desirable to supplement the specific iron medication with adequate amounts of all the lacking vitamins. Iron alone is inadequate.

The Heptuna formula is based on this rational modern approach to anemia therapy.

EACH CAPSULE CONTAINS:

Ferrous Sulfate U.S.P.	4.5 Grains
Vitamin A (Fish-Liver Oil)	5,000 U.S.P. Units
Vitamin D (Tuna-Liver Oil)	500 U.S.P. Units
Vitamin B_1 (Thiamine Hydrochloride)	2 mg.
Vitamin B_2 (Riboflavin)	2 mg.
Vitamin B_6 (Pyridoxine Hydrochloride)	0.1 mg.
Calcium Pantothenate	0.333 mg.
Niacinamide	10 mg.

Together with other B-complex factors from liver and yeast.



Heptuna

a **ROERIG** *preparation*

J. B. ROERIG AND COMPANY • 536 Lake Shore Drive • Chicago 11, Illinois

INTENSIVE

For *Vitamin Therapy*

In manifest vitamin deficiencies it is inadvisable and impractical to rely primarily on dietary correction. The deprivation of essential nutrient factors usually has existed for many years, and it is important to give adequate treatment in order to restore health promptly. Pluraxin is especially designed for intensive vitamin therapy.

Special Therapeutic Formula

Vitamin A (from fish liver oil)	25,000 U.S.P. Units
Vitamin B_1 (thiamine)	15 mg.
Vitamin B_2 (riboflavin)	10 mg.
Vitamin B_6 (pyridoxine)	2 mg.
Nicotinamide	150 mg.
Calcium pantothenate	10 mg.
Vitamin C (ascorbic acid)	150 mg.
Vitamin D_2 (calciferol)	1,000 U.S.P. Units



One capsule of Pluraxin daily is usually sufficient. Some patients may require larger doses during the early stages of treatment. In vitamin therapy, "it is far better to prescribe too much than too little, too soon rather than too late" (Spies). Available in bottles of 30 and 100 capsules.

PLURAXIN

High Potency - Therapeutic Formula - Multiple Vitamin Capsules

Winthrop CHEMICAL COMPANY, INC.
NEW YORK 13, N. Y. • WINDSOR, ONT.

PLURAXIN, trademark Reg. U. S. Pat. Off. & Canada

Table of Contents

AUGUST, 1947
VOL. 92, NO. 2

ORIGINAL ARTICLES

Cancer of the Pancreas, *Alexander Brunschwig, M.D.*, Chicago 82

Prognosis of Acute Coronary Heart Disease, *George A. Hellmuth, M.D., F.A.C.P.*, Chicago 86

New Anthistaminic Drugs (Benadryl, Pyribenzamine and Neoantergan) in Hay Fever and Other Allergic Conditions, *Theodore B. Bernstein, M.D., Jack M. Rose, M.D.*, and *Samuel M. Feinberg, M.D.*, Chicago 90

The Recognition and Management of Depressed Mental States, *Meyer Brown, M.D.*, Chicago .. 95

The Use of Thiouracil in Hyperthyroidism, *Rocco V. Lobraico, Jr., Major, M.C., AUS, Maurice Hardgrove, Lt. Co., M.C., AUS* 99

Radical Extirpation of Acute Brain Abscesses, *Milton Tinsley, M.D.*, Chicago 102

EDITORIALS

Men, Mules and Medical Mementoes 73

American Medical Association Centennial Meeting 76

The National Health Program of the American Medical Association 77

Ninth Annual Exhibition of American Physicians Art Association 79

House of Delegates, Second Session, May 14, 1947 111

Pictorial Report of 1947 Annual Meeting 105

Book Reviews 48

STATE DEPARTMENT OF PUBLIC HEALTH

Bal Now Available for the Treatment of Arsenical and Mercurial Poisoning, *Leonard M. Schuman, M.D., M.Sc.*, Chief, Division of Venereal Disease Control 80

CORRESPONDENCE

The Chicago Medical Society Offers Postgraduate Courses 110

Instructional Courses in Allergy 110

The American Congress of Physical Medicine .. 110

MEDICAL ECONOMICS

The Extension of Pathology into the Medical Practice of Rural Communities in Illinois 127

PHYSICAL MEDICINE ABSTRACTS 40

NEWS OF THE STATE

Coming Meetings, Personals, Marriages, Deaths . 130

THE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE DIVISION OF POSTGRADUATE STUDY

announces a

GRADUATE COURSE IN GENERAL PRACTICE OF MEDICINE

especially designed for the General Practitioner.

September 3, 4, 5, and 6, 1947 — Tuition $25.00

For more detailed information

write to

Director, Division of Postgraduate Studies, Washington University School of Medicine Saint Louis 10, Missouri

COOPER CREME

The Original Spermicidal Creme

No Finer Name in Contraceptives. .

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

Active ingredients:
Trioxymethylene 0.04% Sodium Oleate 0.67%

Prescribed For Over A Decade

WHITTAKER LABORATORIES, INC.
PEEKSKILL, NEW YORK

The Impetus Required

IN SLOW-HEALING WOUNDS



Indolent ulcers, Burns, Infected Surface wounds, Non-healing Lesions

50th ANNIVERSARY

The value of local therapy in chronic skin ulceration lies in speeding up the healing process and thereby shortening the period of disability, and in procuring an end-result which is as nearly normal and free from disfiguration as possible.

To these ends Morruguent and Morumide Ointments lend themselves admirably . . . The active ingredient of Morruguent is cod liver oil concentrate (with a 25% greater content of the unsaponifiable fraction than that contained in cod liver oil U.S.P.). In Morumide, sulfanilamide (10%) has been incorporated, in addition, for its bactericidal action.

Cod liver oil lowers the vitality of pyogenic organisms; sulfanilamide is an active bactericide . . . These preparations prevent or retard infection on an ulcerated surface, reduce systemic absorption of toxic metabolites, hasten granulation and epithelization, and make for a pliable, elastic epithelial surface . . . Healing takes place with a minimum of surface disfiguration.

Morruguent and Morumide ointments are indicated for topical treatment in chronic indolent ulcers, burns (of any degree), suppurating wounds, non-healing amputation stumps, and similar lesions of the skin.



SE Co

THE S. E. MASSENGILL COMPANY
Bristol, Tenn.-Va.
NEW YORK • SAN FRANCISCO • KANSAS CITY

Morruguent • Morumide
Morruguent with 10% Sulfanilamide



Seventy Years

OF KNOWING HOW



LONG EXPERIENCE in the manufacture, control, and standardization of pharmaceutical and biological products enables Eli Lilly and Company to produce penicillin of quality unsurpassed. Penicillin, Lilly, is pure, safe, dependable. Available through retail pharmacies everywhere.

ELI LILLY AND COMPANY

INDIANAPOLIS 6, INDIANA, U. S. A.



Illustration by Herman Giesen

Riddle of the Swamps

AS EARLY as the fourth century B.C., Greek physicians suspected that marshy lands had some connection with malaria. It was not until 1894, however, that Sir Patrick Manson, English physician, advanced the hypothesis that malaria was transmitted by the mosquito. At Dr. Manson's suggestion, Sir Ronald Ross not only traced the development of the parasite in the mosquito but infected healthy birds with malaria. A riddle of many centuries was finally solved!

This epochal discovery indirectly led to the development of millions of acres of fertile bottom lands formerly considered unfit for healthful habitation. It then became a problem for the engineer to develop techniques of drainage and reclamation.

Removal of major breeding places for the mosquito, although important, is not the whole solution to the problem. Effective drugs are still needed. Research on new and more efficient antimalarial agents continues in the Lilly Research Laboratories.

The Illinois Medical Journal

August, 1947

VOL. 92, NO. 2

Official Journal of the Illinois State Medical Society

EDITOR — Harold M. Camp. EDITORIAL BOARD — James H. Hutton, Chairman, Frederick H. Falls, Josiah J. Moore, Edwin M. Miller, Chauncey C. Maher, Harry S. Gradle, Harry Culver, Walter Stevenson, Raymond W. McNealy.

Editorials

MEN, MULES AND MEDICAL MEMENTOES

A man, or an organization, without an historical sense is like a mule, without pride of ancestry or hope of posterity.

A program outlined July 1 at a meeting of the committe of medical history of the Illinois State Medical Society will assure the Society of maintaining its proper position outside the mule category, but it will take the cooperation of every individual and affiliated group in the Society to carry it through.

This editorial is an appeal to every interested person and organization to assist in the historical program outlined below. The achievements of members of the medical profession in Illinois in the last century are such that it should be a matter of pride to lend a hand in the compilation and preservation of the records of the past, and to assure the collection of present and future records for their value to the generations to come.

The Illinois State Medical Society, at its annual meeting in 1924, voted to publish a history of medicine and medical practice in Illinois. At that time, in all innocence, it was thought that a year would be sufficient to gather material and produce the volume, but the committees had been at work only a short time when they realized that the task was tremendous one. Dr. Lucius H. Zeuch of Chicago, whose hobby had been medical history for many years, was chosen as editor. Within a few months it was observed that the material already on hand would require more than one volume and it was decided that the first volume to be issued would cover only the period through the earliest years, up to 1850.

Dr. Zeuch, in the succeeding year or more, visited every county in Illinois and made two trips to Europe to gather his material. He accumulated vast amounts. Libraries in Paris particularly yielded much information, not available in this country, bearing on the earliest years when southern Illinois was under French rule. His first volume, well illustrated with photographs and maps out of the original records, was published in 1927. Soon after the book was published Dr. Zeuch died and, since there was no one immediately available to assume the responsibility, the project was allowed to lapse for a while. However, later the depression, the war, the recruitment of some 4,000 Illinois doctors into the services, and other interests, conspired to delay resumption of the work.

Now, however, the war is over and for the present at least we have no depression. It is time to resume the task. Last April the Council asked Dr. James H. Hutton and the Committee on Archives to develop a program for publication of the second volume of the history, to obtain an editor and to report back to the Council. Dr. Hutton called a meeting of the Committee July 1. Present were Dr. Hutton, Dr. D. D. Monroe,

Dr. E. H. Weld, Dr. D. J. Davis, representing the Committee, the secretary, Dr. Harold M. Camp, and Mr. James C. Leary, public relations counsel. The subject was thoroughly canvassed and a tentative program outlined. It is likely that two or three new volumes will have to be planned for, but final decision was deferred for the present, until the collection of data produced results.

The collection program has two major phases. One is locating and obtaining as much as possible of the records of the past. The other is to assure the collection present records and their preservation for the future.

As a part of the first activity, the secretary was asked by the Committee to publish this appeal for the greatest possible cooperation in collecting historical material on medical practice in Illinois. Every member should contribute what he may have or know and exert himself, as occasion permits, in finding and obtaining for the Society any sort of material of historical value. Much is already on hand, the fruits of Dr. Zeuch's work and the occasional gifts of others interested in the subject, but more is needed.

He was also asked to suggest to the women's auxiliary of the Illinois State Medical Society that it make the collection of historical records of medical practice a major activity. This would be an extremely valuable step, if the Auxiliary will undertake the task. The secretary will also write to each component county society asking for the appointment of some individual member who is interested in the subject as a committee or chairman to head this activity locally and serve as an adviser to the Committee on Archives. With such a county committee working actively with the affiliated women's auxiliary group, it is certain that the libraries, family records, newspaper files and public records will be thoroughly combed throughout the

ILLINOIS STATE MEDICAL SOCIETY

GENERAL OFFICERS, 1947-1948

PRESIDENT.....Irving H. Neece, Decatur
PRESIDENT-ELECT.....Percy E. Hopkins, Chicago
1ST VICE-PRESIDENT....H. Kenneth Scatliff, Chicago
2ND VICE-PRESIDENT.....Walter E. Kittler, Rochelle
SECRETARY-TREASURER....Harold M. Camp, Monmouth

THE COUNCIL

L. J. Hughes.....	1st	District, Elgin.....	1950
H. L. Pettitt.....	2nd	District, Morrison.....	1950
Darwin B. Pond....	3rd	District, Chicago.....	1950
Harry M. Hedge....	3rd	District, Chicago.....	1949
Oscar Hawkinson....	3rd	District, Oak Park....	1948
Wade C. Harker....	3rd	District, Chicago.....	1950
Leo P. A. Sweeney..	3rd	District, Chicago.....	1948
H. Prather Saunders.	3rd	District, Chicago.....	1949
Charles P. Blair....	4th	District, Monmouth....	1949
Ralph P. Peairs....	5th	District, Normal.....	1949
Walter Stevenson....	6th	District, Quincy.....	1948
Charles H. Hulick..	7th	District, Shelbyville ...	1949
Harlan English.....	8th	District, Danville.....	1949
Charles O. Lane	9th	District, W. Frankfort.	1948
G. C. Otrich.....	10th	District, Belleville.....	1948
Edwin S. Hamilton.	11th	District, Kankakee.....	1950

Everett P. Coleman,
Councilor at large Canton 1949
Robert S. Berghoff,
Councilor at large Chicago 1950
Chairman of the Council Walter Stevenson

ILLINOIS MEDICAL JOURNAL

Harold M. Camp, Monmouth.....Editor
L. E. Malley, Chicago....Managing Editor & Business Mgr.
Harry M. Hedge, Chicago....Chairman, Journal Committee
Harry J. Stewart, Oak Park....Secretary, Journal Committee
Business Office....30 North Michigan Ave., Chicago 2
Editorial Office.....Monmouth, Illinois

GENERAL COUNSEL

Edward W. Rawlins.....77 West Washington St., Chicago

MEDICAL SERVICE & PUBLIC RELATIONS

James H. Hutton, Chairman..30 No. Michigan Ave., Chicago
Mr. John W. Neal, Exec. Sec...30 N. Michigan Ave., Chicago
Mr. J. C. Leary, Pub. Rela. Coun...231 S. LaSalle St., Chi.

PERMANENT HISTORIAN

David J. Davis.....721 Elmwood Ave., Wilmette

MEDICO-LEGAL COMMITTEE

Oscar Hawkinson, Chairman.....1011 Lake St., Oak Park

PERMANENT COMMITTEE ON ARCHIVES

D. D. Monroe, Chairman.....Alton
C. Ellsworth Black, Secretary.....Jacksonville
E. H. Weld.....Rockford
Ex-officio:
David J. Davis, Perm. Historian.721 Elmwood Ave., Wilmette

EDUCATIONAL COMMITTEE

Charles P. Blair, Chairman.....Monmouth
Warren W. Furey, Vice-Chm.....104 S. Michigan, Chicago
Ann Fox, Secretary.....30 N. Michigan Ave., Chicago

SCIENTIFIC SERVICE COMMITTEE

Robert S. Berghoff, Chairman.30 N. Michigan Ave., Chicago
Leo. P. A. Sweeney, Vice-Chm...9715 Winston Ave., Chicago

POST GRADUATE COMMITTEE

Robert S. Berghoff, Chairman.30 N. Michigan Ave., Chicago
Geo. A. Hellmuth, Vice-Chm.....1180 E. 63rd St., Chicago

Outside of editorial or allied views or statements that are the authoritative actions of the Illinois State Medical Society, the organization denies responsibility for opinions and statements published in the ILLINOIS MEDICAL JOURNAL. Views expressed by the various authors and views set forth in various departments in the JOURNAL represent the views of the writers.

State Society will pay no bills for legal services except those contracted by the Committee. Notify the Chairman at once. Do not employ attorneys.

Send advertising copy, and all communications relating to advertising to ILLINOIS MEDICAL JOURNAL, 30 N. Michigan Avenue, Chicago.

Original articles and membership correspondence to Dr. Harold M. Camp, Monmouth, Ill.

Society proceedings and news items and changes in the mailing list to Managing Editor, 30 N. Michigan Ave., Chicago 2, Illinois.

Subscription price of this JOURNAL to persons not members of the Illinois State Medical Society is $3.00 per year, in advance, postage prepaid, for the United States, Cuba, Porto Rico, Philippine Islands, Hawaiian Islands and Mexico. $4.00 per year for all foreign countries included in the postal union. Canada, $3.50. Single current copies, 50 cents. By mail, 60 cents.

state over the next few years for references and data concerning the history of medicine in Illinois.

Some activities, now outlined, are as follows:

From 1850, the closing year of the first volume of the history, until *Illinois Medical Journal* was organized in 1899, the Society, each year following its annual meeting, published a volume of transactions in book form giving not only the record of decisions taken by the general assembly and its successor, the house of delegates, but also the addresses delivered before the meeting. This series of books, nearly fifty of them, is obviously the foundation stone for the history of medicine in Illinois for that period.

Unfortunately, however, the Illinois State Medical Society does not have a complete set of these books and the secretary hopes that everyone interested will search the old records to locate the volumes in an effort to complete the file. The volume at present in the secretary's possession, partly "inherited," partly acquired here and there, are now being gathered and surveyed to determine just which years are missing and the list will be published in an early issue of the *Journal* with a request for those particular volumes still missing.

Another promising source of early information which should be accumulated by the Society if possible is the county history. Most counties in Illinois have, at some time or other, had a history of their early days printed and these no doubt contain information concerning physicians, hospitals, public health, medical biography, and other data of value in the history of medicine in Illinois. The Society would like to acquire copies of as many of these county histories as possible and the local units will be asked to hunt for them. Such an activity must obviously be local.

Another prolific storehouse of material should be the archives of families descended from the early physicians of Illinois. The journals, diaries, account books, instruments, textbooks and other mementoes of early practice should be of great value in the preparation of the history. Efforts will be made to persuade families possessing such material to donate it to the Society, both for its value as history and for its better preservation, since many records have undoubtedly been lost through fire, flood, or lack of interest, or their causes.

Still another irreplaceable storehouse of material is in the minds and hearts and records of veteran physicians of Illinois and the program envisions the collection of as much of that possible, unpredictable and fast-disappearing information as possible. Arrangements are being made to interview as many veteran doctors as possible and to record their memoirs and run down the clues to other information which they might suggest. However, this is an activity which will also require a great deal of cooperation, both from men or women who know of such sources and from the veteran practitioners themselves. It will be difficult, of course, to record as much of such material as should be done and it is hereby suggested that many of these veteran doctors who can contribute information to this project undertake to write out notes and forward them to the secretary, who can then make arrangements for interviews in which the notes may be amplified and preserved.

Still another activity outlined by the Committee, to be done with the help of the women's auxiliary if the suggestion is accepted, will be the recording of source of material. Many libraries, for instance, contain records of value to this project, but they are part of the permanent collections of the libraries and libraries will undoubtedly prefer to keep them so. Files of the American Medical Association and American College of Surgeons would come into this group. However, if the existence of such records can be ascertained by surveys of public and private libraries and those in colleges, hospitals or other locations, they can be indexed and kept as a permanent record by the secretary to be consulted by the historian as needed.

It might be possible, too, depending on the character and quantity of material collected for the Auxiliary to arrange an historical exhibit at the next annual meeting, to give it an opportunity to display its achievements. Moreover, the Committee's program encompasses a plea for the cooperation of affiliated groups in collecting and preserving historical material. This would include, for instance, hospitals, nurses, specialty societies, the Illinois Department of Public Health, local health departments and medical schools, including the records of those long gone

out of existence.

Finally, the records of the organizations and accomplishments of the local county societies would be a valuable source of material.

With all the above material collected or indexed, the Society should find itself in a strong position with respect to the history of the hundred years. What of the present and the future?

For one thing, in answer to that question, it is a function of the Committee on Archives to maintain a consciousness of the value of historical records and to see that as much as possible of current material with historical value is acquired by the Society and filed or otherwise preserved for posterity. If the program as outlined is accepted and put into effect, it should result in an increased realization of the value of records and bring many data into the Society's files.

In addition, forms are to be drawn up and sent to all component county societies to obtain biographical records of all members, present and future. It will also be a duty of the local county historian to keep a watchful eye on the possibility of obtaining local records of all sorts that may contribute to the history of medicine in Illinois, and the various sources outlined above should be constantly checked for future values as well as those of the past.

It will be recalled that the large Carl E. Black — Illinois State Medical Society collection of photographs and accompanying bibliographical data are now safely stored in the Illinois State Historical Library in Springfield. This vast collection has been placed in permanent steel filing cabinets and material gathered in the surveys and questionnaires will likewise be stored as a part of this collection, safe from the danger of loss.

Efforts will be made soon to find these physicians in all Illinois counties who are especially interested in medical history, and who will no doubt be selected as county society advisory members of the Committee on Archives. All county society officers will receive information concerning this proposal before this announcement is printed in the *Illinois Medical Journal*, and it is the desire of the Committee, as well as of the Council, that complete cooperation on the part of all county societies be given to this worthwhile project. Letters of inquiry, or any factual data procured by the membership of the Society as a whole, should be sent to Harold M. Camp, M. D., Secretary, at Monmouth.

AMERICAN MEDICAL ASSOCIATION CENTENNIAL MEETING

The Centennial Meeting of the American Medical Association was held in Atlantic City, June 9-13, 1947. This was by far the largest attended medical meeting ever held anywhere, and without question the finest scientific programs were presented, and the largest array of scientific exhibits assembled that were ever displayed at a meeting.

The attendance was approximately 16,000 Fellows of the A. M. A., with thousands of others including guests from many foreign countries who came to see and participate in a really big meeting. Several groups met in Atlantic City prior to the beginning of the Centennial Session, some of these holding their meetings four or five days before the Session actually began.

At the Centennial dinner on Saturday evening, June 7, three outstanding talks were made by General Omar Bradley, Basil O'Connor and H. W. Prentis Jr., General Bradley paid a fine tribute to the medical profession for their fine work throughout the recent world war, caring for the sick and injured and stated frankly that much credit is due these medical officers for the winning of the war.

Mr. O'Connor likewise paid tribute to the developments in medicine during the past hundred years, and the contributions to the health and safety of the American people through the work of the American Medical Association over this period of time. His work for the past quarter century in the fight against infantile paralysis and his association with the National Foundation for Infantile Paralysis has given him an opportunity to more closely observe this fine work better than the average non-medical man. His subject, "The American Way" was well presented and highly interesting.

Mr. Prentis, President of the Armstrong Cork Company, and Past President of the National Association of Manufacturers, gave a highly interesting talk on the subject, "The Moving Finger Writes." He was thoroughly familiar with the history of the A. M. A. and the work of

those pioneers who were largely responsible for its accomplishments.

The talks by Mr. O'Connor and Mr. Prentis are published in the June 28 issue of the Journal of the American Medical Association, and should be read by physicians everywhere.

The commemorative religious service was conducted in the large ballroom in the Convention Hall Sunday morning, June 8, with three outstanding religious leaders participating. These addresses were given by Rev. Ralph Cooper Hutchison, President of LaFayette College; Rabbi Joshua Loth Liebman of Boston and Monsignor Fulton J. Sheen of Washington. All of these speakers eulogized the medical profession for their accomplishments, and each of them was thoroughly familiar with the developments of medicine during the past century. These addresses were broadcast by the National Broadcasting Company so that people everywhere could hear the presentations.

The opening session Tuesday evening June 10, was presented before an immense audience, with many hundreds unable to get into the Ballroom where the session was held. A musical program was presented by the Philadelphia Festival Orchestra, and the program was presided over by Harrison H. Shoulders, President of the American Medical Association. Edward L. Bortz of Philadelphia was introduced and installed as president, then gave the presidential address on the subject "The Objectives of the American Medical Association." This address was published in the J. A. M. A. under date of June 21.

At this session the Distinguished Service Medal was presented by Dr. Bortz, the recipient being Dr. Henry A. Christian of Boston. The medal to the retiring President, Harrison H. Shoulders, was also presented by Dr. Bortz. Many distinguished guests from all parts of the world were introduced during this opening meeting, and in accordance with an action taken by the House of Delegates, these distinguished physicians were presented with Honorary Fellowships in the A. M. A. by R. L. Sensenich, Chairman of the Board of Trustees.

The exhibits were unquestionably the finest that have ever been shown at a medical meeting anywhere in the world. The scientific exhibit was indeed outstanding, built around the centennial theme, and progress in all branches of medicine and surgery was well presented. Likewise the technical exhibit was of unusual interest as well as plentiful in numbers.

The House of Delegates was in session longer than is the usual custom, and much work was done by this distinguished body. Transactions of the House of Delegates likewise appear in the Journal of the American Medical Association and should be read by all members.

Illinois was well represented at the meeting, with many Illinois physicians participating in one way or another to make this the most successful medical meeting ever held.

The election of officers, members of the Board of Trustees, and for other positions within the Association was held on Thursday afternoon. R. L. Sensenich of South Bend, Indiana, who has completed two full terms as a member of the Board of Trustees, and more recently its chairman, was elected to the office of President-Elect. Thomas McGoldrick of New York was elected Vice-President, George F. Lull, as Secretary and General Manager, and Josiah J. Moore, Chicago, as Treasurer. Roy Fouts of Omaha was elected as Speaker of the House and F. E. Borzell of Philadelphia, Vice-Speaker. E. J. McCormick of Toledo, and Dwight Murray of California were elected as members of the Board of Trustees.

The 1947 Centennial Meeting will go down in history as an outstanding medical meeting, and we would respectfully urge that physicians everywhere read the transactions as published in the Journal of the A. M. A., as well as the interesting addresses which were presented during the meeting. Physicians in general should become familiar with the actions taken by the parent body of our medical organizations, to better realize what is being done, and to increase their interest and respect for the A. M. A. as a whole.

THE NATIONAL HEALTH PROGRAM OF THE AMERICAN MEDICAL ASSOCIATION

The welfare and the health of the American people is a recognized responsibility of members of the medical profession. The American Medical Association recognizes its responsibility to assume a role of leadership in assuring the constant improvement in the health of the American people. At the same time, it is recognized

that the health of our people depends upon many elements besides that of medical care. These various contributory factors have been acknowledged in the National Health Program of the A. M. A.

Also, the parent organization recognizes the fact that conditions which affect health and the problems being faced by the medical profession vary in various parts of this country. The Ten Point national program has been developed for the guidance of state and county medical societies in their constant effort to improve medical service and health opportunities for all our people.

1. Nutrition — Housing — Clothing — Recreation
The American Medical Association urges a minimum standard of nutrition, housing, clothing and recreation as fundamental to good health and as an objective to be achieved in any suitable health program. The responsibility for attainment of this standard should be placed as far as possible on the individual, but the application of community efforts, compatible with the maintenance of free enterprise, should be encouraged with governmental aid where needed.

2. Preventive Medicine Health Departments
The provision of preventive medical services through professionally competent health departments with sufficient staff and equipment to meet community needs is recognized as essential in a health program. The principle of federal aid through provision of funds or personnel is recognized with the understanding that local areas shall control their own agencies as has been established in the field of education. Health departments should not assume the care of the sick as a function, since administration of medical care under such auspices tends to a deterioration in the quality of the service rendered. Medical care to those unable to provide for themselves is best administered by local and private agencies with the aid of public funds when needed. This program for national health should include the administration of medical care, including hospitalization to all those needing it but unable to pay, such medical care to be provided preferably by a physician of the patient's choice with funds provided by local agencies with the assistance of federal funds when necessary.

3. Prenatal Care — Childbirth
The procedures established by modern medicine for advice to the prospective mother and for adequate care in childbirth should be made available to all at a price that they can afford to pay. When local funds are lacking for the care of those unable to pay, federal aid should be supplied with the funds administered through local or state agencies.

4. Infant Welfare — Child Care
The child should have throughout infancy proper attention, including scientific nutrition, immunization against preventable disease and other services included in infant welfare. Such services are best supplied by personal contact between the mother and the individual physician but may be provided through child care and infant welfare stations administered under local auspices with support by tax funds whenever the need can be shown.

5. Hospitals — Health and Diagnostic Centers
The provision of health and diagnostic centers and hospitals necessary to community needs is an essential of good medical care. Such facilities are preferably supplied by local agencies, including the community, church and trade agencies which have been responsible for the fine development of facilities for medical care in most American communities up to this time. Where such facilities are unavailable and cannot be supplied through local or state agencies, the federal government may aid, preferably under a plan which requires that the need be shown and that the community prove its ability to maintain such institutions once they are established (Hospital Survey and Construction Act).

6. Voluntary Prepayment Plans for Hospital and Medical Care
A program for medical care within the American system of individual initiative and freedom of enterprise includes the establishment of voluntary nonprofit prepayment plans for the costs of hospitalization (such as the Blue Cross plans) and voluntary nonprofit prepayment plans for medical care (such as those developed by many state and county medical societies). The principles of such insurance contracts should be acceptable to the Council on Medical Service of the American Medical Association and to the authoritative bodies of state medical associations. The evolution of voluntary prepayment insurance against the costs of sickness admits also the utilization of private sickness insurance plans which comply with state regulatory statutes and meet the standards of the Council on Medical Service of the American Medical Association.

7. Veterans' Needs for Hospital and Medical Care
A program for national health should include the administration of medical care, including hospitalization, to all veterans, such medical care to be provided preferably by a physician of the veteran's choice, with payment by the Veterans Administration through a plan mutually agreed on between the state medical association and the Veterans Administration.

8. Research for Advancement of Medical Science
Research for the advancement of medical science is fundamental in any national health program. The inclusion of medical research in a National Science Foundation, such as proposed in pending federal legislation, is endorsed.

9. Volunteer Health Agencies — Philanthropic Funds
The services rendered by volunteer philanthropic health agencies such as the American Cancer So-

ciety, the National Tuberculosis Association, the National Foundation for Infantile Paralysis, Inc., and by philanthropic agencies such as the Commonwealth Fund and the Rockefeller Foundation and similar bodies have been of vast benefit to the American people and are a natural outgrowth of the system of free enterprise and democracy that prevail in the United States. Their participation in a national health program should be encouraged, and the growth of such agencies when properly administered should be commended.

10. Health Education in Prevention of Disease

Fundamental to the promotion of the public health and alleviation of illness are widespread education in the field of health and the widest possible dissemination of information regarding the prevention of disease and its treatment by authoritative agencies. Health education should be considered a necessary function of all departments of public health, medical associations and school authorities.

NINTH ANNUAL EXHIBITION OF AMERICAN PHYSICIANS ART ASSOCIATION

Illinois physicians were again well represented at the Ninth Annual Exhibition of the American Physicians Art Association held in the Municipal Auditorium at Atlantic City during the Centennial Session of the American Medical Association.

We find:

AMROMIN, George D., Chicago (oil)
BALOGH, Stefan, H., Chicago (print, stencil)
BARNETT, George A., Riverside (wood turning)
BAUER, W. W., Chicago (oil)
BEISER, Helen R., Chicago (water color and pastel)
BELLAS, Joseph E., Peoria (tempera and oil)
BLOCKSMA, Ralph, Chicago (clay)
CONNOR, James A., Chicago (photograph)
COWEN, Jack P., Chicago (water color)
DRITZ, S. K., Chicago (needle work and photography)
GILTNER, O. B., Sheffield (wood carving and sculpture)
GLASSMAN, Jacob A., Chicago (sculpture)
GREENE, Lois D., Highland Park (oil)
HENRICHSEN, Karl J., Chicago (photography)
JOHNSON, John E., Chicago (water color)
JOHNSON, T. Arthur, Rockford (oil)
KALISZ, W. F., Chicago (oil)
KLEIN, Bernard, Joliet (photography)
KOPRIVA, James W., Chicago (oil)
KRAUS, John E., Peoria (oil)
LANGHORST, Henry F., Elmhurst (oil)
LeVAN, Franklin P., Chicago (metal work)
MACHEREY, Wm. F., Chicago (oil)
McNEALY, Raymond W., Chicago (oil and water color)
MERRICKS, James W., Chicago (photography)
MONASH, David, Chicago (metal work)
PALMER, M. P., Oak Park (photography)

(*Continued on page* 140)



A view of the American Physicians Art Exhibition at the American Medical Association Centennial meeting. Atlantic City, June 9-13, 1947. There were 1274 art pieces on display, all the work of medical men and women.

The special feature this year was a prize contest ($34,000 in bonds) sponsored by Mead Johnson & Co. on the subject of "Courage and Devotion Beyond the Call of Duty" on the part of physicians in war and in peace.

The Exhibition in 1948 will be at the Stevens Hotel in Chicago, and will be limited to 500 objects. Early entries are advised.

State Department of Public Health

BAL NOW AVAILABLE FOR THE TREATMENT OF ARSENICAL AND MERCURIAL POISONING

LEONARD M. SCHUMAN, M.D., M.Sc.,
Chief, Division of Venereal Disease Control

In order that the private physician may have immediate access to the relatively new, life-saving drug, BAL, the Illinois Department of Public Health is placing this drug in all the full-time city, county and district health offices throughout Illinois, for free distribution to the physician requiring the drug in emergencies. Perhaps few physicians have had the opportunity of using BAL, which is now considered to be an effective agent in the treatment of mercurial or arsenical poisoning. A brief explanation of the development and uses of BAL will be of interest to all physicians.

Scientific research and development during World War II, in many instances spurred on by emergency needs, led to the discovery by a group of Oxford workers[1] of an anti-arsenical known at first as OX 217, then as BAL, for reasons of wartime security. BAL or British Anti-Lewisite was developed as a counteractant to the arsenical blister gas, Lewisite.

BAL, a relatively simple alcohol containing two sulfhydryl groups, was synthesized in an effort to produce a compound which would compete for the arsenic bound to tissue enzyme systems, form a more stable, non-toxic complex and be excreted in the urine rapidly. Bal proved to be the drug which met these criteria. Utilized, at first, in the form of an ointment applied to the skin and eyes[2] to counteract the blistering effects of Lewisite, BAL, was soon found to exert a systemic action, by absorption through the skin, in preventing or curing the pulmonary edema produced by toxic and lethal doses of Lewisite applied to the skin. Parenteral administration further demonstrated its systemic action and in the work by Eagle[3], animals were protected against and revived from lethal doses of such trivalent arsenic compounds as mapharsen, Lewisite and phenyl arsenoxide.

Further laboratory work revealed its usefulness against other trivalent arsenical compounds and in 1946, Longcope[4] demonstrated its value in mercurial poisoning.

BAL exerts its effect by removing arsenic (or mercury) from poisoned tissue enzyme systems, combining with the heavy metal to form a stable, non-toxic thioarsenite which is excreted rapidly in the urine.[5,6]

Eagle[7] in 1946 presented a series of 227 cases, in various stages of arsenical poisoning, treated with BAL. The drug was found effective in 80% of severe cases of arsenical dermatitis, in 88% of mild cases; it reduced the mortality rate in arsenical encephalitis (55 cases) to 11% and saved the lives of 3 out of 4 patients given massive doses of mapharsen in error. Of 11 patients with arsenical agranulocytosis treated with BAL, one failed to respond and subsequently died. Its value is questionable in arsenical jaundice; and in aplastic anemia produced by arsenic, as well as in the dermatoses from Fowler's solution, the effects of the drug are negative, though the reported cases are too few in number for evaluation at the present time. This work has been confirmed by other investigators.[8,9]

Longcope in 1946[4] also presented a series of 26 cases of mercurial poisoning in which from 0.5 gram to 20 grams of mercury bichloride had

been swallowed and treatment with BAL instituted from 20 minutes to 19 hours after ingestion of the mercury. Only one patient died, treatment having been initiated 13 hours after swallowing one gram of mercury. One patient, treated 19 hours after, recovered in 3 weeks. This experience is indeed highly favorable when compared to a mortality rate of 31% experienced in a previous series at Johns Hopkins Hospital.

The full value of BAL in the treatment of arsenical and mercurial poisoning is realized by its *early administration;* delay in instituting treatment yields less favorable results. This point must be emphasized especially in acute mercurial poisoning.

The drug BAL is not devoid of toxicity[10,11,12]; an overdose produces the following signs and symptoms: Lacrimation and salivation, burning of lips, mouth, throat and eyes, muscular aches, feeling of constriction in the chest, anxiety, nausea, vomiting and elevation of systolic and diastolic blood pressure. These signs and symptoms disappear in 30-90 minutes. Its toxicity is diminished in cases of arsenic and mercury poisoning.

The compound is being marketed as a 10% solution in peanut oil with benzyl benzoate for intramuscular injection, in which form it is highly stable and, in recommended dosage, without untoward effects.

Recommended Therapy

A. *Arsenical Poisoning*

1. *Mild cases* — fever, rash, arsenical dermatitis:
 (a) .025 cc. (10% solution in peanut oil) per kg. body weight injected *intramuscularly* every 4 hours for 4 doses on each of 2 days.
 (b) Then 1-2 injections of same dose daily for 10 days or until recovery.
2. *Severe cases* — exfoliative dermatitis, toxic encephalopathy, blood dyscrasias, jaundice, massive injection of arsenical in error:
 (a) .03 cc. per kg. body weight every 4 hours for 2 days.
 (b) Then 2 injections of same dose daily for 10 days or until recovery.

B. *Mercury Poisoning*

1. .05 cc. per kg. body weight injected initially.
2. Followed by .025 cc. per kg. for 2-3 injections in first 12 hours.
3. Second day: 2 doses of .025 cc. per kg.
4. Third day: 1 dose of .025 cc. per kg.
5. Continue 1 dose of .025 cc. per kg. on subsequent days, if necessary, until recovery.

Call your full-time health officer or the Illinois Department of Public Health in Springfield. Every effort will be made to supply BAL promptly upon request.

BIBLIOGRAPHY

1. Waters, L. L., and Stock, Chester: BAL (British Anti-Lewisite), Science, 102, 601, 1946.
2. Hughes, W. F., Jr.: The Treatment of Lewisite Burns of the Eye with BAL, J. Clin. Invest., XXV, 541, 1946.
3. Eagle, H., Magnuson, H. J. and Fleischman, R.: The Systemic Treatment of Experimental Arsenic Poisoning (Mapharsen, Lewisite, Phenyl Arsenoxide) with BAL, J. Clin. Invest., XXV, 451, 1946.
4. Longcope, W. T. and Lutscher, J. A., Jr.: The Treatment of Acute Mercury Poisoning by BAL, J. Clin. Invest., XXV, 557, 1946.
5. Wexler, J., Eagle, H., Tatum, H. J., Magnuson, H. J. and Watson, E. B.: The Effect of BAL on the Excretion of Arsenic in Normal Subjects and After Minimal Exposure to Arsenical Smoke, J. Clin. Invest., XXV, 467, 1946.
6. Leutscher, J. A., Jr., Eagle, H. and Longcope, W. T.: The Effect of BAL On The Excretion of Arsenic in Arsenical Intoxication, J. Clin. Invest., XXV, 534, 1946.
7. Eagle, Harry and Magnuson, Harold J.: The Systemic Treatment of 227 Cases of Arsenic Poisoning (Encephalitis, Dermatitis, Blood Dyscrasias, Jaundice, Fever) With 2,3-Dimercaptopropanol (BAL), Am. J. Syph. Gonor. & Ven. Dis., 30, 420, 1946.
8. Carleton, A. B., Peters, R. A., Stocken, L. A., Thompson, R. H. S., and Williams, D. I.: The Treatment of Complications of Arseno-therapy with BAL, J. Clin. Invest., XXV, 497, 1946.
9. Longcope, W. T., Luetscher, J. A., Jr., Wintrobe, M. M. and Jager, V.: The Treatment of Arsenical Dermatitis with Preparations of BAL, J. Clin. Invest., XXV, 528, 1946.
10. Modell, W., Gold, H., and Cattell, M.: Pharmacologic Observations on BAL by Intramuscular Injection in Man, J. Clin. Invest., XXV, 480, 1946.
11. Sulzberger, M. B., Baer, R. L. and Kanof, A.: Studies on the Toxicity of BAL on Percutaneous and Parenteral Administration, J. Clin. Invest., XXV, 474, 1946.
12. Sulzberger, M. B., Baer, R. L. and Kanof, A.: Skin Sensitization to BAL, J. Clin. Invest., XXV, 488, 1946.

Original Articles

CANCER OF THE PANCREAS

ALEXANDER BRUNSCHWIG, M.D.*
CHICAGO

In 1926 Sir Berkeley Moynihan stated that the surgical treatment of cancer of the pancreas did not exist. This is not true at the present time. Advances in operative surgery have brought the pancreas within surgical reach. Any portion of this organ may be excised and indeed total pancreatectomy has been shown to be feasible and does not render the patient incapable of leading a useful existence; he is rendered diabetic but only to a moderate degree, requiring 20 to 40 units of insulin daily.

The early diagnosis of cancer of the pancreas remains a difficult problem because, with the exception of a small portion of the head immediately adjacent to the common bile duct, the organ is removed from the alimentary and biliary passages, obstruction of which may lead to symptoms indicative of neoplasm. Thus the condition may evolve to an advanced stage before its presence is suspected.

Cancer of the head of the pancreas encroaching upon the lower common duct results in obstructive jaundice, the onset of which is insideous and may or may not be accompanied by constant epigastric pain which eventually becomes quite severe. Loss in weight is usually appreciable. 20-40 pounds, by the time the clinical diagnosis is made. The classical Corvoisier's sign, palpable gall bladder with relatively painless jaundice is often present but its absence hardly constitutes serious evidence that tumor is not present. Roentgenographic studies are inconclusive unless the duodenal loop is appreciably distorted which is not the rule.

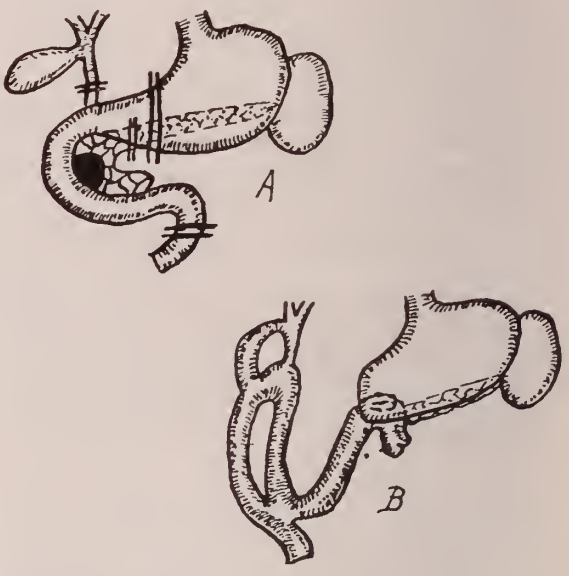


Figure 1. Diagrammatic representation of one stage pancreato duodenectomy for carcinoma of the head of the pancreas. A, showing lines of transection to divide lower stomach, neck of pancreas, lower common bile duct and upper segment of jejunum. B, showing re-establishment of continuity by gastro-jejunostomy, choledocho-cholecysto-jejunostomy and jeju-jejunostomy. The neck of the pancreas has been occluded.

The surgical treatment is pancreatoduodenectomy (Figure 1.) now performed in one stage. The lower fourth of the stomach, head of the pancreas, entire duodenum, and first few centimeters of jejunum are removed. Continuity is

From the Department of Surgery, University of Chicago, Chicago, Ill.
*Now attending Surgeon, Memorial Hospital for the Treatment of Cancer and Allied Diseases, New York City. Presented at the Annual Meeting, Illinois State Medical Society, Chicago, May 16, 1946.



Figure 2. Photograph of surgical specimen consisting of S, lower stomach, DD, entire duodenum, J, first 3 cm. of jejunum and (bisected) head of pancreas with C, carcinoma. T, transected neck of pancreas. B, excised previous cholecyst-gastrostomy performed elsewhere for relief of jundice. M, M', M" metastatic lymph nodes from along common duct resected with specimen. Operation terminated by choledocho-cholecysto-jejunostomy, and gastro-jejunostomy.

re-established by gastrojejunostomy, choledocho-cholecysto-jejunostomy and enteroenterostomy. The neck of the pancreas is tied off and remains occluded. (Figure 3.)

Absence of the duodenum and external pancreatic secretions are not incompatible with normal existence. The stools may be normal or they may be bulky, light colored and there may be 2 to 4 a day. Fat absorption varies widely and if severely deficient the patient receives pancreatin.

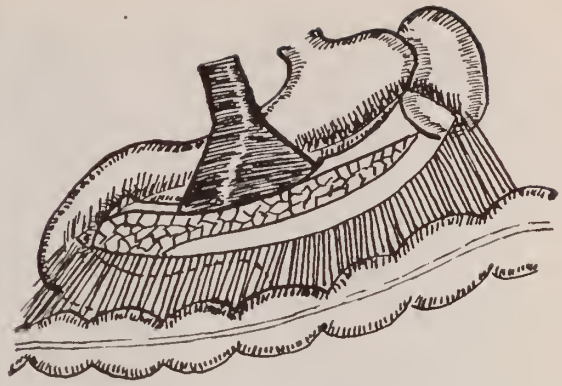


Figure 3. Diagrammatic representation of exposure of body of pancreas by transection of gastro-colic omentum, retraction upward of the stomach and retraction downward of transverse colon.

Cancer of the body of the pancreas is more difficult to diagnose than cancer of the head, for obvious reasons. The onset of symptoms is insideous and when the latter are fully developed the patient presents considerable emaciation, complains of upper abdominal pain with "girdle" type of radiation more or less constantly present, marked loss of appetite and persistent constipation. The pain may be localized principally in the lower thoracic and upper lumbar spine.

At laparotomy the body of the pancreas is exposed by transection of the gastro-colic omentum elevation of the stomach and retraction downward of the transverse colon (Figure 3.). Resection of the body and tail of pancreas is relatively easily performed and usually splenectomy at the same time facilitates the procedure.

Total pancreatectomy (Figure 4.) is performed by resection of the lower fourth of the stomach, entire duodenum, first few centimeters of ileum and spleen. Of extreme interest is the fact that totally depancreatized man is only moderately diabetic requiring 20 to 40 units of insulin a day.

Insulin producing islet cell adenomas afford a characteristic clinical syndrome, i.e. the attacks of amnesia, vaso-motor disturbances, and syncope, related to physical fatigue and starvation, with blood sugars of 50 mgs. % or less during the attacks and relieved by ingestion of food or injection of glucose. These findings indicate exploratory laparotomy for excision of islet cell adenoma. They may be single or multiple, benign (Figure 5.) or malignant.



Figure 4. Photograph of surgical specimen consisting of S, entire stomach, D, entire duodenum, PP', entire pancreas with C, carcinoma arising in midportion of the body and invading posterior stomach wall, Sp, spleen, A, left adrenal, O, omentum riddle with Metastases. The patient was diabetic before operation and postoperatively required 20-40 units of insulin daily; this was less than before operation. He survived 3½ months and died of rapidly spreading carcinomatosis. At the end of the operation there was no gross evidence of tumor remaining. (Photograph reproduced by courtesy of *Surgery Gynecology, and Obstetrics.*)

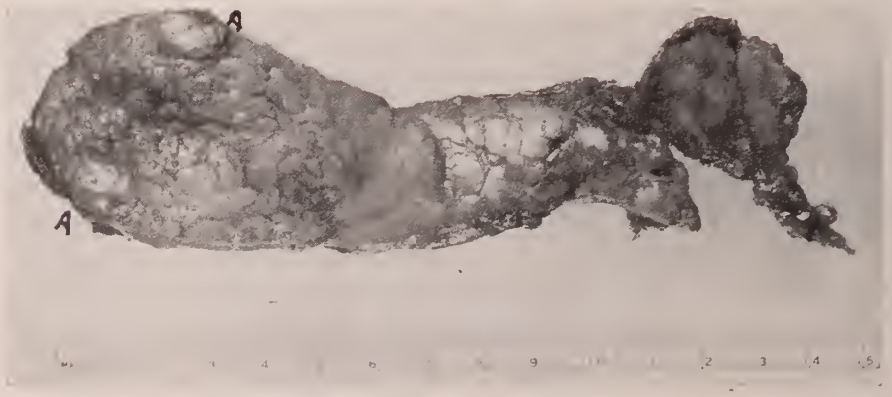


Figure 5. Photograph of surgical specimen consisting of body and tail of pancreas with, A, bisected adenoma (benign) of the islet cells in proximal portion of the body. The remaining portion of the pancreas showed hyperplasia of the islets. The patient was relieved of attacks of hyperinsulinism.



Figure 6. Photograph of surgical specimen consisting S, lower stomach with carcinoma that had perforated into head of pancreas; entire duodenum, and lymph node metastases included in specimen. Pancreatoduodenectomy was performed and patient is living and well 1 year, 3 months after operation, having returned to his usual occupation.

Secondary involvement of the pancreas by carcinoma primary in the stomach does not preclude resection of the secondarily involved portions together with the primary growth (Figures 6 and 7.).

The success of surgical attack upon abdominal cancer depends upon how early the diagnosis is made. It is not possible to formulate rules for making an early diagnosis of pancreatic cancer because the onset of signs and symptoms are so insidious. The fact that operative removal of cancers of the pancreas is now feasible should lead to a greater consciousness of the possibilities of pancreatic cancer in the differential diagnosis of abdominal complaints. Unfortunately, when the signs and symptoms are such that little doubt can remain as to the true nature of the condition an advanced stage has been reached. The attitude that an earlier diagnosis would be of limited practical value since the condition in any event would be hopeless, is no longer tenable.

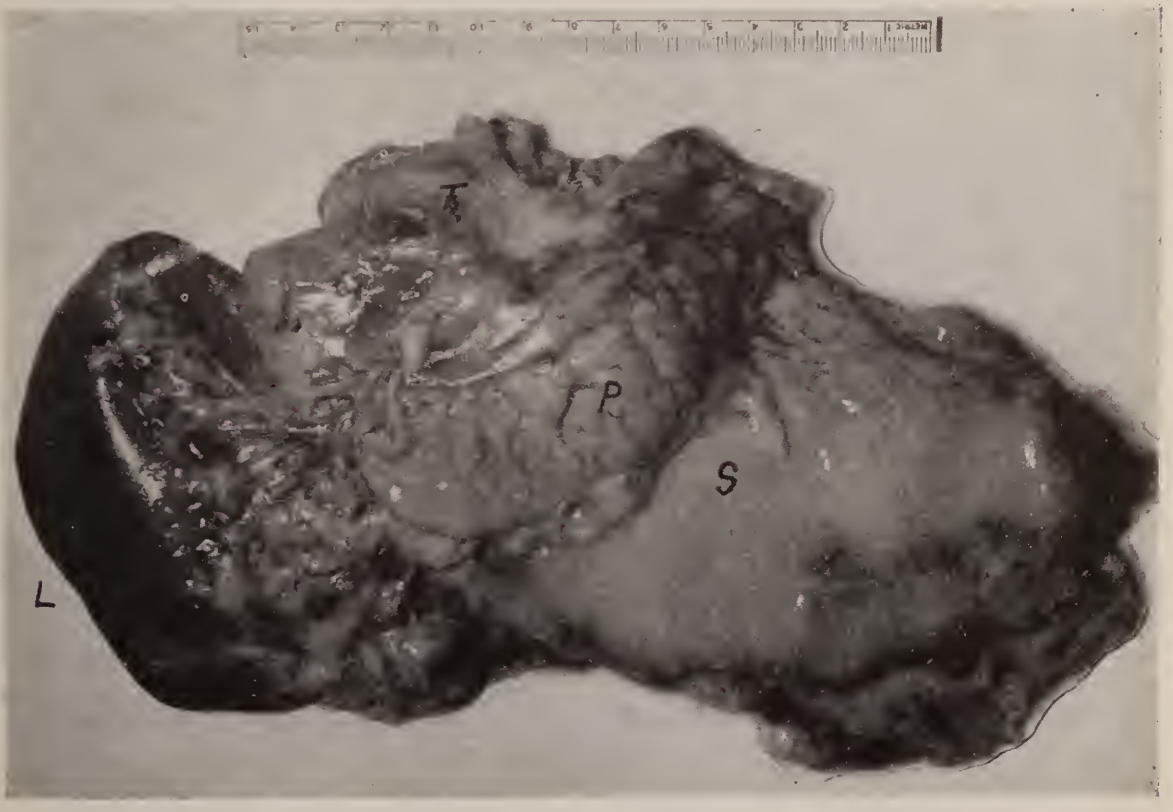


Figure 7. Photograph of surgical specimen (viewed from behind) consisting of S, entire stomach bearing a carcinoma T in its upper portion, P, body and tail of pancreas invaded by the neoplasm, and L, Spleen.

PROGNOSIS OF ACUTE CORONARY HEART DISEASE

GEORGE A. HELLMUTH M.D.F.A.C.P.
CHICAGO

Heart disease is of major importance because of its steady rising incidence. The disability caused by heart disease in our present civilization is greater than that of other diseases. In 1942 the mortality rate was about 400,000 for all forms of heart disease with a morbidity rate of 4,00,000 or more cases. Heart diseases is the captain of men of death causing about 28.5 per cent of the total number of deaths[1].

Coronary heart disease is only second to cancer as the most frequent cause of death. The incidence of coronary heart disease is 8.5 per cent of all deaths and is the most important and the most common of all forms of heart disease. About 30 to 50 per cent of cardiac deaths are due to coronary heart disease.

The statistical data of large numbers of cases of acute myocardial infarction come from hospital records or from consultation practice. These cases are more serious than those seen in general practice or in the home. Furthermore mild attacks of acute myocardial infarction may not be recognized. The general mortality rate therefore would be lower than statistical reports tend to indicate.

Master[2] estimates that acute coronary occlusion occurs annually in about 600,000 cases. According to that author approximately one in fifty men and one in one hundred women develop acute myocardial infractions. He further estimates that less than 10 per cent die in their first acute attack and the general mortality is less than 20 per cent for all cases of acute myocardial infraction. The mortality rate of all cases of myocardial infractions is about 25 per cent at the end of one year; at the termination of two years it is about 50 per cent and after a five year period 75 per cent. The life expectancy of the remaining 25 per cent is between five and ten years[3]. A few patients live beyond ten years[4]. The average duration of life after survival of the first attack of coronary thrombosis is a little more than three years[5-7].

The mode of death reported in cases of myocardial infraction is about 95 per cent fatalities related directly to the heart. Five per cent die from causes not related to the heart. Of the cardiac deaths about 37 to 40 per cent are due directly to myocardial infraction, 11 to 35 per cent to sudden death of uncertain origin, and 25 to 52 per cent to congestive heart failure[6,7].

The factors causing the increased frequency of reported coronary heart disease are the actual increase of the life span of man[8], the improved methods of diagnosis and the accuracy of recording statistics [9,10]. The life span of man during the Roman Empire and the Middle Ages was probably about twenty-five years. In this country in 1790 thirty years, in 1930 sixty years and in 1939 approximately sixty-four years.[11]. The control of infectious diseases especially in infancy, the institution of prophylatic and public health measures and the use of modern treatment have added greatly to the longevity of man.

There are three important features to be considered in a discussion of the prognosis of acute myocardial infarction.

1. The prognosis of cases of coronary heart disease taken as a whole can be accurately foretold.
2. It is impossible to accurately foretell the outcome of a particular case of myocardial infarction[12].
3. Recent studies indicate a more generally improved outlook than was previously thought possible.

It does seem desirable even in view of the difficulties of individual prognosis to review the present knowledge of the factors that influence the prognosis of coronary heart disease.

Age is important in th prognosis of acute coronary occlusion. The average age of acute myocardial infaretion is between 56 and 58 years. Coronary disease under the age of 40 is uncommon (1.5%)[13]. The prognosis of an acute attack of myocardial infarction becomes progressively more serious as the group increases in age. It is interesting to note that age is perhaps the greatest factor in determining the future usefulness and ability of patients to return to work.

Acute myocardial infraction occurs at the average age of 57 in males and 61 in females. A

Assistant Clinical Professor. Loyola University School of Medicine. Presented before the Meeting of the American College of Physicians, 28th Annual Session, Chicago, Illinois, May 2, 1947.

greater incidence is noted in males regardless of age. The proportion is about 60 per cent males 40 per cent females. Under the age of 40 males are affected with a frequency six times greater than females. The mortality rate is higher in women than in men in about a proportion of 35 per cent to 31 per cent mainly because of the older age group (60 to 69) and the increased incidence of hypertension in the females. Congestive heart failure is more common in this sex. Less women return to useful physical activity than men.

Race plays a rather minor role. Hebrews are not uncommonly affected whereas the colored race has a surprisingly low incidence.

Such factors as family history, nervous excitement, obesity, diabetes, xanthomatosis appear to favor in a minor way the occurrence of occlusive vascular heart disease. Tobacco is not influential in producing attacks of acute myocardial infarction[2]. The incidence of myocardial infarction in the medical profession does not appear to be more frequent than in other professions[14]. Fitz[15] has shown that physicians, like others, are longer lived than formerly and therefore the incidence of coronary disease has risen correspondingly.

A history of hypertension in cases of acute myocardial infarction is an unfavorable prognostic sign. A guarded prognosis should always be made when blood pressure falls below 80 mm. of mercury. A pulse pressure of 20 mm. or less is a serious sign.

A history of angina pectoris preceding the acute onset of myocardial infarction is found frequently[16] and does not appear to influence the course of the illness. There is possibly a slight increase in subsequent cardiac pain and congestive failure in these cases. Angina pectoris following coronary thrombosis is found in over one-half of the cases. Angina pectoris occurring after an attack of myocardial infarction had no effect on the course of the disease.

Temperature elevations not associated with complications have a very important influence on the duration of life. Readings above 103° Fahrenheit are associated with an unfavorable course. Temperature readings of 101° to 102° indicate the attack is serious.

Shock of severe degree also influences the gravity of the prognosis.

The intensity of the pain during an attack of acute coronary occlusion is unrelated to the nature of the course of illness. Painless myocardial infarction is infrequent. The association of painless myocardial infarction and dyspnea is of grave importance.

Congestive failure occurs in over 50 per cent of cases of acute coronary thrombosis. In individuals showing signs of heart failure the mortality rate is seven times greater than those not having congestive failure. In those patients having a history of previous coronary occlusion, hypertension or heart enlargement there is a greater incidence of congestive failure. Heart failure is more common in cases that have large areas of myocardial involvement. Congestive heart failure is not uncommon in individuals showing closure of the right and left coronary artery. It is generally true that all cases of cardiac enlargement with coronary involvements have congestive failure. Most cases of cardiac enlargement are due to hypertension. Acute cardiac dilatation with no cardiac hypertrophy may be evident in cases of acute myocardial infarction[17]. The syndrome of acute left ventricular failure producing pulmonary edema of moderate to severe degree, makes the prognosis graver. About 50 per cent of these cases die. Generally the more advanced the congestive failure the more serious the outlook becomes. Multiple or recurring myocardial infarctions predispose to congestive heart failure. The vast majority of patients dying have had both previous coronary occlusion and congestive failure. The average survival of cases of congestive failure is slightly over three years. Acute myocardial infarction without signs of congestive failure survive about four years.

Gallop rhythm and distant heart sounds are found in the severe cases. Friction rubs are of little prognostic importance.

The pulse rate may indicate a serious turn of events if the rate is 120 per minute or above. Cardiac insufficiency is usually present in cases of sinus tachycardia with this rate[17].

About one-third of all patients with acute myocardial infarction have cardiac irregularities[18]. The presence of an arrhythmia makes the prognosis slightly less favorable. Most irregularities are transitory. Premature contractions and auricular fibrillation are the most

eommon types encountered. Paroxysmal ventricular taehycardia and heart block have a greater clinical significance adding to the gravity of prognosis. Heart block, which may disappear transiently, renders the outlook unfavorable. Aeute myocardial infaretion involving the interventricular septum of the heart may produce heart bloek and serious conduction disturbances. Disturbance in eoronary flow with or without eoronary artery occlusion will also impair the conduetion mechanism of the heart. Immediately preeeding the period of death the heart is subjected to various arrhythmias such as ventrieular fibrillation [19,20,21]. It is interesting to note that those individuals having paroxysmal auricular fibrillation develop less angina peetoris but more congestive failure.

Various blood studies may be informative of the patients eondition. Leueocytosis if above 15,000 indicates the attack is serious. Scdimentation rates appear to have more signifieanee as an aid to diagnosis when clinical findings are absent. The sedimentation rate usually remains elevated during the six weeks following the acute attaek. A gradual deeline of the rate may indicate healing of the infareted area. Mild or moderate azotemia is not infrequently found espeeially in the presenee of congestive failure.

The eomplications of aeute myocardial infaretion influence the prognosis. Thrombosis and embolism are major complieations. The ineidenee of thrombosis and embolism in individuals ill with aeute myocardial infaretion is about 30 to 40 per eent. Pulmonary embolism occurs in 42 per eent of post mortem examinations. At the bedside of individuals ill with acute coronary disease pulmonary infarction is present in three to eight per eent. Over one-half of the cases of pulmonary infarction die[18]. About ten per eent of the total number of eoronary deaths are due to pulmonary infarction. Emboli causing lung involvements arise mainly from the right auricle, right ventriele and systemic veins. Emboli arising from the left chambers lodge most commonly in the spleen, kidney, brain and systemie eireulation. All emboli influence adversely the prognosis. Most vascular eomplieations oecur between the fourth and twentieth day[22].

Cardiac rupture is a rare eomplieation. The presence of cardiac rupture seen by the physician oecurs in about one in 150 eases of myoeardial infarction. The majority occur in the older age group and after the first two weeks of myocardial infarction. Rupture of the interventricular septum is found less frequently[23].

Mental disturbances are not common but may influence the prognosis adversely espeeially during the acute cardiae attack.

Pneumonia is an important complieation. It is frequent in cases with congestive lung ehanges. The seriousness of such a combination is obvious.

The presence of certain electroeardiographie findings in aeute coronary occlusion are of prognostie significanee[7]. In general the charaeteristie coronary pattern cannot be corrolated with the outlook for the patients future. Myoeardial infarction with bundle branch bloek produees a high mortality rate. Partial and complete heart bloek are assoeiated with an inereased mortality of moderate degree. The presenee of both anterior and posterior myocardial infaretion producing a Q_1T_1 and Q_3T_3 electroeardiographie pattern indieates a serious outlook. Low voltage is of minor significanee in the prognosis.

An important role in the prognosis of coronary ocelusion is the rapidity of coronary arterial bloek and the presence of collateral eirculation. Slow obstruction lesions allow time for collateral eireulation to develop. Myoeardial infarction is very rare in syphilitic aortitis complieated by coronary orifice oeelusion beeause of the slow progression. Sudden death is common in embolic oeelusion of the coronary arteries. The presenee of a previously established collateral eireulation in an area reeently infareted is of major importance. Slow progressive coronary disease with or without occlusion is stimulating to the development of collateral eirculation. Collateral circulation therefore is helpful in individuals surviving the acute attack of coronary thrombosis.

Anteriolateral myocardial infarction is probably slightly more common than posterior basal infarctions. The prognosis, however, does not appear to be influeneed by the site of infarction. Mortality is praetieally identical in both groups.

Evidenee of previous coronary oeclusions in eases of aeute myocardial infaretions are very common on post mortem examinations[24]. Both right coronary and left anterior descending eoronary occlusions are frequently found in the

same case. The initial coronary lesion of acute myocardial infarction is usually in the left anterior descending coronary artery. It is rare to find the right coronary anterior alone occluded. A single right ventricular myocardial infarction is rarely found. Most fatal cases have more than one vessel recently occluded. An individual having a single acute coronary occlusion with collateral circulation usually survives. Multiple acute coronary occlusions with or without collateral circulation are usually fatal.

Coronary occlusion may occur with no resulting myocardial infarction in cases of adequate collateral circulation. It is found that a myocardial infarction may be present with an incomplete occlusion of a coronary artery, so-called coronary insufficiency[25]. Impaired coronary flow may be due to surgical shock, hemorrhage, rapid cardiac rhythm, aortic valvular disease, hyperthyroidism and the like.

It is important to understand the manner of healing a myocardial infarction and to have an appreciation of the time required to heal such a lesion. If death occurs within few hours of the onset of acute myocardial infarction the findings are focal degeneration of the heart muscle fibers, mild interstitial edema, and congestion of the blood vessels. When infarction has lasted more than a few hours and less than five days acute inflammation and necrosis are found. Cellular changes of granular and hyalin degeneration appear about this time. Although fibroblasts in the peripheral area of infarction may be present as early as 36 hours after onset they are not plentiful until the area is five days old. Infarction of from five to twenty-two days duration show a fibroblastic reaction about newly formed blood vessles. By this time the acute inflammation has subsided and there is a mild replacement of the necrotic tissue by connective tissue. After 22 days diffuse fibrosis is present but complete replacement by fibrous tissue and scar condensation does not occur until four to six months[26]. Hence absolute and complete bed rest for a period of five to six weeks until a good fibroblastic reaction occurs is necessary.

The question of returning to work and limitation of physical activity after an acute attack of myocardial infarction is foremost in the mind of the patient. Physicians often fail to understnd the patients anxiety of future disability. Actually the number of patients who can return to work is surprisingly high[6],[27],[28]. Levine and Rosenbaum[18] report one-half to three-fourths of all patients surviving the initial attack of myocardial infarction return to full or partial activity. About 30 percent of all patients return to full activity, 45 per cent to partial and 22 per cent to moderate activity. Complete inactivity is noted in three per cent. The main reasons for failure to return to work are angina pectoris, dyspnea or weakness[28]. These reports are highly encouraging. In the simple case without complications or adverse signs the question arises whether it would not be just as advisable to allow full activity[29]. In the rehabilitation of the patient there should be no unwarrented fear on the part of the patient or doctor. Certainly this thought would greatly dispell the gloom and anxiety experienced by the public and the patient in regard to coronary disease. The question of liability in industrial medicine can be avoided by the use of waivers. This would overcome the unfair practice of refusing employment to individuals known to have had heart disease. Disability insurance may encourage invalidism on the part of the patient if he is not properly supervised after the period of complete disability. Companies handling such insurance are now following a program of rehabilitation which has dispelled a great deal of unhappiness associated with this illness.

In conclusion the immediate and ultimate prognosis of acute myocardial infarction is very difficult to foretell. A review of various clinical findings is helpful in determining the future course of this illness. A physician's attitude toward the patient must be one of encouragement. The prognosis of acute myocardial infarction must always be guarded.

BIBLIOGRAPHY

1. U. S. Bureau of Census: Vital Statistics of the United States 1942. Part 1. Washington, D. C.: 1944.
2. Master, A. M. Incidence of acute coronary artery occlusion. Am. Heart J., 1947, 33: 135, Feb.
3. Levine, S. A. Clinical Heart Disease. Phila.: W. B. Saunders Co., 1945.
4. Drake, E. W. Long survival following coronary thrombosis. Am. Heart J., 1940, 20: 634.
5. Eppinger, E. C. & Levine, S. A. Angina pectoris. Some clinical considerations with special reference to prognosis. Arch. Int. Med., 1934, 53: 120, Jan.
6. Willius, F. A. Life expectancy in coronary thrombosis. P.A.M.A., 1936, 106: 1890.
7. Levine, S. A. & Rosenbaum, F. F. Prognostic value of various clinical and electrocardiographic features of actue

myocardial infarction; Ultimate prognosis. Arch. Int. Med., 1941, 68: 1215, Dec.
8. Riesman, D. & Harris, S. E. Disease of the coronary arteries with a consideration of data on the increasing mortality of heart disease. Am. J.M. Sc., 1934, 187: 1.
9. Nomenclature and Criteria for Diagnosis of Diseases of the Heart, ed. 4. New York Heart Association, Inc., 1945.
10. Hedley, O. L. Studies of heart disease mortality. Pub. Health Bull., No. 231, 1936, Oct. Washington, D. C.: U. S. Treasury Dept.
11. White, Paul D. Heart disease. New York: The Macmillian Co., 1944.
12. Levy, R. L. Diseases of the coronary arteries and and cardiac pain. New York: The Macmillian Company, 1936.
13. Glendy, R. E., Levine, S. A., & White, P. D. Coronary disease in youth J.A.M.A., 3917, 109: 1775.
14. Levine, S. A. & Hindle, J. A. Coronary artery disease among physicians. New Englend J. Med., 1945, 233: 657.
15. Fitz, R. An account of stock. Arch. Int. Med., 1945, 76: 210.
16. Parkinson, J. & Bedford, D. E. Cardiac infarction and coronary thrombosis. Lancet, 1929, 1. 4.
17. Master, A. M., Dack, S. & Jaffe, H. L. Coronary thrombosis: An investigation of heart failure and other factors in its course and prognosis. Am. Heart J., 1937, 13: 330.
18. Levine, S. A. & Rosenbaum, F. F. Prognostic value of various clinical and electrocardiographic features of the acute mycardial infarction. Immediate prognosis. Arch. Int. Med., 1941, 68: 913, Nov.
19. Smith, F. J. Ventricular fibrillation as a cause of sudden death in coronary artery thrombosis. Am. Heart J., 1939, 17: 735, June.
20. Goodrich, R. E. & Needles, R. J. Terminal cardiac mechanism in coronary artery disease. Am Heart ., 1940, 20: 637, Nov.
21. Thompson, Ivan. Ventricular fibrillation causing sudden death of a patient with disease of the left coronary artery. J.A.M.A., 1941, 116: 2583.
22. Nay, M. R. & Barnes, A. R. Incidence of embolic or thromotic process during the immediate convalescence from acute myocardial infarction Am. Heart J., 1945, 30: 65, July.
23. Segall, H. N. Rupture of ventricular myocardium. Am. Heart J., 1945, 30: 39.
24. Blumgart, H. L., Schlesigner, M. J. & Davis, D. Studies on the relation of the clinical manifestation of angina pectoris, coronary thrombosis and myocardial infarction to the pathological findings. Am. Heart J., 1940, 19: 1, Jan.
25. Master, A. M., Jaffe, H. L., Dack, S. & Grishman, A. Coronary occlusion, coronary insufficiency and angina pectoris. Am. Heart J., 1944, 27: 803, June.
26. Willius, F. A. A talk on the healing of cardiac infarcts. Proceed. Staff Meet., Mayo Clinic, 1937, 12: 218.
27. Cooksey, W. B. Coronary thrombosis: Follow-up studies with especial reference to prognosis. J.A.M.A., 1935, 104: 2063.
28. Master, A. M. & Dack, S. Rehabilitation following acute coronary artery occlusion. J.A.M.A., 1940, 115: 828.
29. Levine, E. B. & Phillips, E. Coronary occlusion in industry. Am. Heart J., 1945, 29: 588 May.

CYNICAL CINQUAINS

Gardens

In spring
We fertilize
And plant our garden bed;
Comes summer and the plants we prize
Burn dead.

Charles G. Farnum, M.D.

NEW ANTIHISTAMINIC DRUGS (BENADRYL, PYRIBENZAMINE AND NEOANTERGAN) IN HAY FEVER AND OTHER ALLERGIC CONDITIONS

THEODORE B. BERNSTEIN, M.D., JACK M. ROSE, M.D., AND SAMUEL M. FEINBERG, M.D.
CHICAGO

Benadryl, Pyribenzamine, and Neoantergan are antihistaminic substances which are available at present for relieving the symptoms of hay fever and other allergic diseases. The two first mentioned are now on the market in this country while Neoantergan is in general use in France. Earlier synthetic compounds[1-4] had been found to have antihistaminic and anti-anaphylactic properties in laboratory animals, but their use in clinical conditions was precluded because of their toxicity. All these substances are basically alike chemically, containing the ethylenediamine group; they differ in the number and structure of the attached radicals.

The use of these substances has become more widespread as their availability has increased. Since our experience with these drugs has been rather extensive it has seemed that a presentation of our findings on the use of these agents in allergic ailments, their indications, side effects, and mode of action would be of value. Further, we have had the opportunity of comparing the actions and side actions of these drugs in different patients as well as in the same patients.

The manifestations of anaphylactic shock vary greatly according to the species of experimental animal under study. Despite this, it was soon concluded that the chain of events which constitute the phenomena of anaphylactic shock and which are brought about as the result of the antigen-antibody reaction, is motivated by a common factor which is the same in all animals. The variations in symptoms depend upon the shock organs or tissues involved. Dale and Laidlaw[5] in 1910 postulated that histamine was this common chemical substance. Since that time the accumulated experimental evidence has added support to the concept that histamine released from normal tissue cells is in great part

From the Division of Allergy, Department of Internal Medicine, Northwestern University Medical School.

Part of the material employed in this study was obtained as follows: Benadryl, from Parke, Davis, and Company; Pyribenzamine, from Ciba Pharmaceutical Products, Inc.; Neoantergan, from Rhone-Poulenc, France.

reponsible for the symptoms of anaphylaxis. The evidence for the role of histamine in allergic reactions is not as direct as it is in anaphylactic shock. However, the two syndromes are so basically similar that there is widespread belief that histamine accounts for the major symptoms of allergic disease.

HISTAMINE ANTAGONISTS — CHEMISTRY

For many years a search has been going on for some agent that would be antagonistic to histamine. It was hoped that such a substance would also prevent anaphylactic shock and be of value in allergic conditions. As previously mentioned, the early French compounds were too toxic for clinical use. In 1942 Halpern[6,7] described his experimental work with another compound, N'phenyl-N'benzyl-N-dimethylethylenediamine, called Antergan. He found Antergan to be tolerated by man. Several French and Swiss clinicians[8,9] soon reported favorable results from its use in allergic diseases. Shortly thereafter a new histamine antagonist was produced, N-p-methoxybenzyl-N-dimethylaminoethyl a aminopyridine, called Neoantergan.[10] It differs from Antergan in that the phenyl ring is replaced by a pyridyl ring, while the benzyl ring has added to it a methoxy radical. Neoantergan is one of the substances used in this study.

More recently, the pursuit of a clinically reliable histamine antagonist has continued in this country. We have had an opportunity to use several which have been developed both clinically and in anaphylactic and histamine experimentation. At the present time Benadryl and Pyribenzamine are available for general use. The former, B-dimethylaminoethyl benzohydryl ether, was found by Loew and his associates[11,12] to be the best of a series of drugs studied for the prevention of histamine and anaphylactic shock in guinea pigs. Pyribenzamine, pyridyl-N'benzyl-N-dimethylethylenediamine, was investigated by Mayer and his associates.[13] They found it to be the most promising of their series of compounds. It differs from Neoantergan only in that it does not possess the methoxy radical.

EXPERIMENTAL AND CLINICAL BACKGROUND

The relative ability of the ethylenediamine compounds to inhibit histamine shock cannot be evaluated by comparing the results reported by each worker with his own material. This is due to the fact that the technics employed differed. The dosage of protective substance used varied considerably. The route of administration of the histamine was not always the same. In some instances the experiments were performed on the living animal, while in others the intestinal strip was used.

We[14] have recently completed an experimental study in which the relative antihistaminic efficiency of Benadryl, Antergan, Pyribenzamine, and Neoantergan was determined under the same standard conditions. It was found that with large doses, the drugs varied considerably in their ability to prevent death in the guinea pig from multiple lethal doses of histamine, Neoantergan and Pyribenzamine being the most potent. However, with one lethal dose of histamine and decreasing amounts of the drugs no real differences existed. Neither were there any differences noted in the protective action of these drugs in anaphylactic shock.

Since the appearance of these antihistaminic compounds a number of reports regarding their use in the symptomatic treatment of allergic disturbances have been published. Depending on the author,[15-21] 0 to 75 per cent of hay fever patients showed symptomatic improvement with Benadryl. In chronic vasomotor or allergic rhinitis the percentage of patients benefited varied from 28 to 85.[15-20] In asthma, Benadryl has been found less effective, the figures of different authors ranging from 33 to 65 per cent,[18-50] while Feinberg[26] could see benefit in only 10 per cent. In urticaria and atopic dermatitis, Benadryl and Pyribenzamine have been found singularly effective in reducing the itching, and different investigators,[15-22,25,27,28] have reported control of symptoms in 75 to 93 per cent.

The reports on Pyribenzamine are few thus far. Arbesman and his associates[22] obtained satisfactory relief in 85 per cent of their hay fever patients and in 58 per cent of their patients with perennial vaomotor rhinitis. One of us[25] had previously reported that 59 per cent of the nonseasonal cases of vasomotor rhinitis were benefited by Pyribenzamine, while only 34 per cent had any appreciable relief of their asthma. Arbesman's group obtained results in asthma in 48 per cent of their patients.

Complete clinical data on Neoantergan have not as yet appeared, but it is claimed that this drug is more active and less toxic than Anter-

TABLE 1. — SYMPTOMATIC RELIEF FROM BENADRYL PYRIBENZAMINE AND NEOANTERGAN

	BENADRYL		PYRIBENZAMINE		NEOANTERGAN	
	No. of Patients	Per Cent Benefited	No. of Patients	Per Cent Benefited	No. of Patients	Per Cent Benefited
URTICARIA	30	80	37	78		
ATOPIC DERMATITIS	25	80	25	84		
ASTHMA	50	12	121	28	5	20
NONSEASONAL VASOMOTOR RHINITIS	40	17	130	64	36	64
SEASONAL HAY FEVER	54	52	254	82	60	65

gan.[23] Halpern[24] believes that Neoantergan is no more active, but is less toxic.

PROCEDURE

The purpose of the present study was to determine and compare the effectiveness of these three histamine antagonists in hay fever and other allergic conditions. Previously when we had made a comparison of the relative efficiency of these drugs in histamine and anaphylactic shock we felt it was important that the work be carried on under the same standard conditions. It was again apparent to us that an evaluation based upon results previously reported for different groups, during different seasons, and at different localities might be misleading. As was pointed out recently an evaluation of any new therapeutic agent for hay fever must take into consideration the variations that take place in the total pollen count from season to season, and place to place.[29] A comparison of the clinical effectiveness of these compounds should include not only the incidence of symptomatic relief but also the occurrence of side effects should be noted and analyzed as to frequency, manifestations, and severity.

This series consisted of 567 private allergic patients. The manifestations were those of seasonal hay fever, perennial rhinitis, asthma, urticaria and atopic dermatitis. The hay fever cases were in many instances due to ragweed pollen but fungi were also a frequent cause of the seasonal symptoms. Asthma in many instances was seasonal in nature, and in others it was perennial. Urticaria comprised both acute and chronic types. Most of the patients were receiving adequate desensitization therapy while others had just begun treatment.

The usual dosage of the antihistaminic agent employed was 50 mg. This was taken usually twice daily, at bedtime and on arising, or one to four or five times daily, as needed. In a few patients 100 mg. doses were used, while in a few others, particularly in children, 25 mg. doses sufficed. Neoantergan was given in 100 mg. doses. Since the patients were seen one to three times weekly, it was unlikely that any effects produced would be forgotten to be reported. In addition to the severity and chronicity of the manifestation, the individual requirements and the occurrence of side effects were important factors in determining the number and size of the doses.

In a number of patients we were able to try two or three of these drugs at different times and on sufficient occasions to allow us to draw conclusions with regard to their relative effectiveness in the particular person. In the evaluation of each patient's comparative response the guides we used were his previous symptoms, the severity of suffering of other hay fever patients at the particular time and the pollen and mold counts.

RESULTS

A patient was counted as benefited if he consistently obtained an appreciable measure of relief from the drug sufficient to justify its use. It should be emphasized that not only were all effects temporary, lasting only a few hours, but almost never were all symptoms abolished even temporarily.

Hay Fever. Pyribenzamine gave symptomatic relief to 210 out of 254 patients (82 per cent) with seasonal hay fever; Benadryl, in a smaller series, helped 52 per cent and Neoantergan benefited 65 per cent. The figures are shown in Table 1. The findings in 52 patients with seasonal and nonseasonal allergic rhinitis who received both Pyribenzamine and Benadryl at different

TABLE 2. — BENADRYL AND PYRIBENZAMINE COMPARED IN SAME PATIENTS

SEASONAL AND NONSEASONAL ALLERGIC RHINITIS

52 — Patients received both drugs at different times
9 — Not helped by either
24 — Pyribenzamine more effective
6 — Benadryl more effective

ASTHMA

34 — Patients received both drugs
23 — Not helped by either
4 — Helped by both
7 — Pyribenzamine helped, benadryl did not
0 — Benadryl helped, pyribenzamine did not

TABLE 3. — PYRIBENZAMINE AND NEOANTERGAN COMPARED IN SAME PATIENTS. RESPIRATORY ALLERGY CHIEFLY HAY FEVER

44 — Patients received both drugs at different times
9 — Not helped by either
11 — Both equally effective
17 — Favored pyribenzamine
7 — Favored neoantergan

times and 44 patients who received both Pyribenzamine and Neoantergan are listed in Tables 2 and 3. It will be seen that as a whole the results obtained indicated a more favorable response to Pyribenzamine. It should be emphasized that many patients numbered among the benefited group failed to obtain results when their symptoms became severe. In general, the severe hay fever cases, or those not receiving pollen treatment, did not show as much improvement as the others. The sneezing responded more favorably than the blocking; very frequently the blocking stage seen commonly at the latter part of the season, was not appreciably relieved.

Perennial Allergic Rhinitis. This group consisted of patients with symptoms of chronic vasomotor rhinitis of identified or unidentified etiology. Pyribenzamine produced symptomatic relief in 83 out of 130 patients (64 per cent). Only 7 out of 40 responded to Benadryl. Thirty-six patients were treated with Neoantergan, and of these 23 had relief. (Table 1).

Asthma. Asthmatic attacks responded less favorably than the nasal allergies. The incidence of benefit was less, and the degree of relief was only moderate. Where the effect was present it was more noticeable on the cough than on the dyspnea. In general, children responded more favorably. Rarely, however, did the degree of benefit approach that obtained from epinephrine or ephedrine. Out of 121 patients receiving Pyribenzamine, 34 or 28 per cent, had some degree of benefit, while in 50 patients treated with Benadryl only 6 showed improvement. (Table 1). From Table 2 it can be seen that in those who received both drugs at different times, Pyribenzamine gave more constant results. We found that the addition of ephedrine or aminophylline to Pyribenzamine frequently produced results in asthma not obtained with either drug alone.

Atopic Dermatitis (Flexural Eczema) and Urticaria: About 80 per cent of these patients obtained symptomatic benefit from either Benadryl or Pyribenzamine. The most marked effect was on the itching. The lesions were reduced less consistently, particularly in the eczema cases. Nevertheless, the subsidence of the scratching frequently was responsible for appreciable improvement in the lesions of the eczema. The urticarial dermatoses, particularly of the "serum sickness" type, resulting from reactions to penicillin, sulfonamides, and other drugs, were greatly benefited by these drugs. The joint symptoms showed less response. In these acute conditions, as well as the chronic urticarias, neither the duration of the disease nor the course was altered.

Side Reactions. Undesirable side effects from Benadryl were observed in over 50 per cent of our patients. The most common reaction was sedation or sleepiness, frequently of such marked degree that the patient was unable to perform normal physical and mental duties. Pyribenzamine produced reactions in 23 per cent. In 18 per cent drowsiness or lassitude was the outstanding complaint, but of a much milder order than that noted with Benadryl. Other effects observable from both drugs were: dizziness, nervousness, gastrointestinal upsets, dryness of the mouth and throat, mental confusion, fall in blood pressure and palpitation. The side effects from Neoantergan were similar to those from Pyribenzamine. The milder side reactions sometimes disappeared on the continued use of the drug.

DISCUSSION

It is now evident that the antihistaminic drugs have found an important place in the treatment of allergic diseases. There is no doubt that they will be increasingly used, but, as so

often happens when a new therapeutic substance is introduced, not always judiciously. Many patients will obtain symptomatic relief when they are properly used, but improperly employed, the results attained will be disappointing. It has been shown that these drugs do not produce a cure. There effects are only palliative and there is no proof that they prevent symptoms. The relief employed lasts only a few hours, necessitating repeated administration. It remains to be seen whether the high incidence of relief in hay fever will be duplicated in more severe seasons. It should also be recognized that the usefulness of Benadryl, Pyribenzamine and Neoantergan does not extend to all allergic diseases.

The results in asthma were poor. Patients who took the antihistaminics with relief of the hay fever failed to prevent asthmatic attacks later in the season. More experimentation has to be carried on before the question can be answered as to why the antagonists are more effective against one symptom of an allergic reaction than they are against another. It may be that the amount of histamine released locally is more, or the amount of antihistaminic substance that reaches the reacting site is less in the latter instance. Also factors other than histamine are very apt to be involved. We are at present investigating the above mentioned possibilities in animals. Clinically, we have been obtaining some encouraging results by direct topical application to the bronchi by means of aerosoled solutions of the antihistaminic drugs.

When the drowsiness and exhaustion caused by Benadryl was too annoying, 2½ mg. of desoxyfedrin was usually sufficient in counteracting those symptoms. In such conditions as urticaria and atopic dermatitis, Benadryl may be the drug of choice when it is desired to produce hypnosis. During the day when it is ordinarily desired to avoid such an effect, particularly if larger doses are needed, Pyribenzamine would be more suitable.

SUMMARY

1. A study was made of the comparative effectiveness of Benadryl, Pyribenzamine, and Neoantergan in achieving symptomatic benefit in 567 allergic patients. The conditions represented were seasonal hay fever, due to pollens or molds, chronic perennial rhinitis, asthma, urticaria and atopic dermatitis.
2. Of these three drugs, Pyribenzamine most consistently improved the symptoms of seasonal hay fever. It produced symptomatic benefit in 210 of 254 patients (82 per cent). Benadryl helped 52 per cent, while Neoantergan relieved 65 per cent.
3. Pyribenzamine produced symptomatic improvement in 83 of 130 patients (64 per cent) with chronic allergic rhinitis, while Benadryl helped only 17 per cent of such patients. In 36 patients, Neoantergan relieved 23 (64 per cent).
4. Patients with seasonal and nonseasonal allergic rhinitis who received both Pyribenzamine and Benadryl displayed a greater tendency to respond to Pyribenzamine. In another group in whom Pyribenzamine and Neoantergan were compared the results were also more favorable to Pyribenzamine.
5. All of these drugs gave poor results in asthma, both the incidence and degree of relief being small. Pyribenzamine was more effective than Benadryl.
6. Pyribenzamine and Benadryl were about equally effective in relieving the pruritus of urticaria and atopic dermatitis, and vulvar and anal pruritus, in about 80 per cent of the patients.
7. Toxic effects occurred commonly with all three drugs. The incidence of such side reactions were as follows: Benadryl, 50 per cent, Neoantergan, 27 per cent and Pyribenzamine 23 per cent. The most marked undesirable reaction was sleepiness, and was most pronounced with Benadryl.
8. It is emphasized that the antihistaminic drugs are palliative remedies only and are in no sense a cure. On discontinuance of the drug symptoms recur in a few hours. They are not effective in all allergic manifestations, nor in all stages of any allergic syndrome. They cannot be considered as substitutes for allergic management, such as elimination of specific allergens or desensitization. The antihistaminic drugs are valuable adjuncts to such treatment.

185 North Wabash Avenue

REFERENCES

1. Fourneau, E., and Bovet, D.: Researches on the Sympathicolytic Action of a New Derivative of Dioxane, Arch. internat. de pharmacodyn. et de therap. 46: 178, 1933.
2. Staub, A. M., and Bovet, D.: Action of Thymoxyethyldiethlyamine and Phenolic Ethers on the Anaphylactic

Shock of the Guinea-pig, Compt. rend. Soc. de biol. 125: 818, 1937.
3. Staub, A. M.: Researches on Some Synthetic Bases Antagonistic to Histamine, Ann. Inst. Pasteur 63: 400, 1939.
4. Wilcox, H. B., and Seegal, B. C.: Influence of an Ethylenediamine Derivative on Histamine Intoxication and Anaphylactic Shock in the Intact Guinea-pig and the Isolated Guinea-pig Heart, J. Immunol. 44: 219, 1942.
5. Dale, H. H., and Laidlaw, P. P.: The Physiological Action of B-Iminazolylethylamine, J. Physiol. 41: 318, 1911.
6. Halpern, B. N.: Experimental Study on Synthetic Antihistaminic Substances: Chemotherapeutic Trials in Allergic States, J. de med. de Lyon 23: 409, 1942.
7. Halpern, B. N.: Synthetic Antihistaminic Substances: Chemotherapeutic., Trials in Allergic States, Arch. internat. de pharmacodyn. et de therap. 68: 339, 1942.
8. Gate, J., Thiers, H., Cuilleret, P., and Pellerat, J.: Researches on the Action of New Synthetic Antihistaminic Compounds, J. de med. de Lyon 23: 401, 1942.
9. Aubertin, E.: A New Remedy in the Treatment of Diseases of Hypersensitivity: Synthetic Antihistaminic Substances, J. de med. de Bordeaux 119: 606, 1942.
10. Bovet, D., Horclois, R., and Watthert, F.: Antihistaminic Properties of N-p-Methoxybenzyl-N-Dimethlyaminoethyl a Aminopyridine, Compt. rend. Soc. de Biol. 138: 99, 1944.
11. Loew, E. R., Kaiser, M. E., and Moore, V.: Synthetic Benzohydryl Alkamine Ethers Effective in Preventing Fatal Experimental Asthma in Guinea-pigs Exposed to Atomized Histamine, J. Pharmacol. and Exper. Therap. 83: 120, 1945.
12. Loew, E. R., and Kaiser, M. E.: Alleviation of Anaphylactic Shock in Guinea-pigs With Synthetic Benzohydryl Alkamine Ethers, Proc. Soc. Exper. Biol. and Med. 58: 235, 1945.
13. Mayer, R. L., Huttrer, C. P., and Scholz, C. R.: Antihistaminic and Antianaphylactic Activity of Some a-Pyridinoethlyenediamines, Science 102: 93, 1945.
14. Rose, J. M., Feinberg, A. R., Friedlaender, S., and Feinberg, S. M.: Histamine Antagonists. VII. Comparative Antianaphylactic Activity of Some New Antihistaminic Drugs, J. Allergy 18: 149, 1947.
15. Logan, S. B.: The Use of Benadryl in Treating Some of the Allergic Diseases of Childhood, Proc. Staff Meet., Mayo Clin. 20: 436, 1945
16. McElin, T. W., and Horton, B. T.: Clinical Observations on the Use of Benadryl: A New Antihistaminic Substance, Proc. Staff Meet., Mayo Clin. 20: 417, 1945.
17. Eyermann, C. H.: Clinical Experiences With a New Antihistaminic Drug, J. Allergy 17: 210, 1946.
18. Waldbott, G.: Clinical Results With Benadryl, J. Allergy 17: 142, 1946.
19. Levin, S. L.: B-Dimethylaminoethyl Benzhydryl Ether Hydrochloride (Benadryl), Its Use in Allergic Diseases, J. Allergy 17: 145, 1946.
20. Koelsche, G. A., Prickman, L. E., and Carryer, H. M.: The Symptomatic Treatment of Bronchial Asthma and Hay Fever With Benadryl, Proc. Staff Meet., Mayo Clin. 20: 432, 1945.
21. Friedlaender, A. S.: The Use of a Histamine Antagonist, B-Dimethylaminoethyl Benzhydryl Ether Hydrochloride, in Allergic Diseases, Am. J. M. Sc. 212: 185, 1946.
22. Arbesman, C. E., Koepf, G. F., and Lenzner, A. R.: Clinical Studies With N'Pyridyl, N'Benzyl, Dimethylethylenediamine Monohydrochloride (Pyribenzamine), J. Allergy 17: 275, 1946.
23. Decourt, M. J.: Antihistaminic Medication, Semaine d. hop. de Paris 21: 707, 1945.
24. Halpern, B. N.: Personal Communication.
25. Feinberg, S. M., and Friedlaender, S.: Histamine Antagonists. IV. Pyribenzamine in Symptomatic Treatment of Allergic Diseases, Am. J. M. Sc. 213: 58, 1947.
26. Feinberg, S. M.: Histamine and Antihistaminic Agents: Their Experimental and Clinical Status, J.A.M.A. 132: 702, 1946.
27. Curtis, A. C., and Owens, B. B.: B-Dimethylaminoethyl Benzhydryl Ether Hydrochloride in Treatment of Acute and Chronic Urticaria, Univ. Hosp. Bull., Ann Arbor 11: 1, 1945.
28. Friedlaender, S., and Feinberg, S. M.: Histamine Antagonists. III. The Effect of Oral and Local Use of B-Dimethylaminoethyl Benzhydryl Ether Hydrochloride on the Whealing Due to Histamine, Antigen-Antibody Reactions, and Other Whealing Mechanisms. Therapeutic Results in Allergic Manifestations, J. Allergy 17: 129, 1946.
29. Feinberg, S. M.: A Method of Evaluation of Results in Hay Fever: Its Application to Certain Modes of Treatment, Ann. Int. Med. 6: 1153, 1933.

THE RECOGNITION AND MANAGEMENT OF DEPRESSED MENTAL STATES

MEYER BROWN, M.D.
CHICAGO

Among the large number of patients with functional nervous disorders, the depressive mental state is exceedingly common. Unfortulately it is frequently unrecognized and, therefore, inadequately treated.

The patient who complains of headache, or of vague but disabling distress in orther parts of the body, with no evidence of organic disease is a daily and difficult problem for many physicians. Similarly, the patient who complains of being tired all the time, of being nervous and of difficulty in sleeping is another frequent and troublesome problem in diagnosis and treatment. Such "functional" pain, fatigability, insomnia and nervousness form a tetrad which is encountered in a single patient many times. To treat these patients most effectively we must make an accurate diagnosis. The depressed state of manic depressive disorder, which is a very common condition, usually produces this tetrad.

Perhaps before beginning a discussion of this condition, we should describe its general characteristics. The depressed phase of manic-depressive disorder called melancholia by older writers or simply a "depression" is a specific illness of unknown etilogy. It shows a strong familial incidence, begins at any age, predominates in women and has an episodic course. There are great variations in the duration of an attack of this illness, ranging from a few hours to a few years. Intervals between attack may last from a few days to a lifetime. The disorder varies tremendously in intensity from being severe enough to require institutional care to

Presented before the Livingston County Medical Society on April 24, 1947.

From the department of Nervous and Mental Diseases, Northwestern University Medical School.

being so mild as to constitute an inconvenience rather than a disability. Mild attacks far outnumber the severe ones. The symptoms during an attack are numerous and variable from patient to patient but in almost all attacks, we find a common nucleus of complaints.

The symptoms of this condition may be grouped as physical or mental in nature. The physical complaints predominate in the patient's mind and usually stimulate him to seek medical assistance. Distress in the head, chest, abdomen, back or extremities which is not the result of organic disease in these parts, frequently is the presenting complaint and, at times, is so intense as to cause great suffering. In addition, these patients almost always complain of excessive fatigability. Their appetite is markedly decreased and most of them have suffered an appreciable loss of weight since the onset of their illness. Women frequently report an amenorrhea or other unusual change in the menstrual cycle and both men and women may suffer a decided decrease in sexual activity.

Mental symptoms are always present in these patients but may be overlooked if the history of the case is taken in a cursory and inadequate manner. They are numerous and if properly elucidated will give us positive, not negative evidence of the diagnosis. The diagnosis of the depressive state need not be a risky and superficial diagnosis of exclusion.

Patients if asked, will nearly always state that they have been more "nervous" since the onset of their illness but will be vague in attempting to describe the actual nature of their "nervousness". By suitable questioning we can elicit the fact that their "nervousness" comprises at least several of the following mental symptoms:

(a) Mental depression — a feeling of pessimism and despondency which is not justified by the patient's circumstances. This progresses to the point where the patient sincerely considers life a burden which he wishes and plots to shed by suicide.

(b) Distractability — the patient finds it difficult to concentrate his attention on any subject for more than a fraction of the time he could give a subject when he was well. He therefore finds it difficult or impossible to read or study.

(c) Loss of appetite or ability to enjoy such pleasures as eating, music, entertainment, fishing, hunting, gardening or other recreation.

(d) Loss of interest in things or persons which previously were of great interest. The zealous school teacher finds her school room a bore, the eager merchant becomes indifferent to his business, the avid sports fan abandons his sport, the hovering mother loses interest in the doings of her children, the musician loses interest in music, etc. Initiative is strikingly reduced.

(e) Self-derogatory ideas. The patient is plagued by thoughts of his own inadequacy. He is constantly apologetic for shortcomings which are often more fancied than real. He is tormented by doubts, fears, and recriminations because in his opinion, he has not, cannot, or will not do as well as he believes he should.

(f) Phobias or fears, add to patients distress. Sometimes the fear is nameless, a dread of impending but unknown disaster, but at other times it is a specific and pervasive one, such as a fear of invalidism, insanity, cancer, syphilis, heart disease, high places, low places, open places, or crowded spaces.

(g) Worrisomness. The patient worries excessively about all sorts of things, big and little and far beyond the normal amount for him.

(h) Hypochondriasis. The patient becomes pathologically attentive to all phenomena within his own body and unjustifiably fearful that they indicate disease.

(i) Irritability. The patient is annoyed, angered and irritated much more easily than normally so that he cannot tolerate things which previously produced little effect.

(j) Sensitivity. This illness causes many patients to be offended or to burst into tears on much less provocation than is required in their normal state.

(k) Indecisiveness. The patient has great difficulty in making decisions, trivial as well as important ones so that doubt about many things constantly harass him.

(l) Inner agitation described by patients as a " nervous feeling", a "tenseness" or "being on edge". This is present constantly or comes in bouts of great intensity and may be accompanied by such visible signs as wringing of hands or pacing up and down.

(m) Obsessive thinking. Against his will and without external provocation, the patient continues to think about a subject interminably, such

as fear of unknown disaster, and idea that he may be a criminal, the plans for cooking the family's meals, the thought that self-control will be lost and a destructive act committed or the idea that contamination by germs will occur.

(n) Compulsive behavior such as repeated washing of the hands, counting of gate-posts, checking up on closing of doors, etc.

(o) Insomnia. Particularly characteristic is inability to sleep in the early morning hours with or without an interrupted night's sleep or difficulty in falling asleep.

(p) Weeping spells with inadequate or no cause at all.

(q) Delusions and hallucinations. These are not common but usually are self-derogatory in nature.

Any or all of these symptoms may occur in a patient with a melancholia and any of them may be absent. Furthermore, the intensity of these symptoms vary from patient to patient and within a given patient, the intensity may vary regularly or irregularly. Quite often patients notice the greatest intensity of symptoms in the morning hours. Women are often worse in the few days before a menstrual period begins.

Although a very large number of people have some or all of the above symptoms because of a melancholia, it is true that other specific disease entities may produce similar symptoms. Just as pain in the chest and cough can be the result of many diverse pathologic processes so can fatigability, insomnia and "nervousness" be due to psychiatric diseases other than manic-depressive depression. In the first place, depressive states which closely mimic melancholias may be a part of organic brain disease. Thus, in early stages of general paresis, arteriosclerotic dementia, senile dementia, brain tumor or in chronic encephalitis, a depressive mental state may predominate. The true diagnosis becomes apparent in these cases if we look carefully for additional identifying manifestations such as the spinal fluid abnormalities in paresis, the tell-tale hemiparesis in arteriosclerotic dementia, the progessive dementia in senile dementia or the choked disc in brain tumor. Secondly, it is difficult at times to differentiate a melancholia from other functional mental disease. Thus a period of observation may be necessary to decide whether the patient has a depression or a schizophrenia. Then the characteristic delusions, catatonia, hallucinations or mental deterioration of schizophrenia may make its appearance. Differentiation of the depressive state from psychoneurosis is important because the prognosis and treatment are quite different.

A psychoneurosis differs from a depression in that it is a direct and obvious result of emotional stress so that it is aggravated by the stress of personal problems and alleviated by its removal. The patient with a neurosis is rarely depressed to the point of sincerely wishing himself dead, is rarely self-derogatory, rarely loses interest in activities which had interested him and retains the ability to enjoy his usual pleasures in most instances.

Having recognized the depressive state, we are prepared to treat the patient with some degree of success in the great majority of cases.

Before discussing specific treatment measures it is well to emphasize that the etiology of manic-depressive disorder is unknown and hence direct primary control of the condition is not possible. Numerous methods of treatment have been used and given unjustifiable credit for cure because it is not sufficiently appreciated that this condition is a spontaneously remittable disease. Hence, any form of treatment whether it be hormones, vitamins, osteopathy or psychoanalysis, if persisted in long enough, will be *accompanied* by and not *produce* a cure. With any or no treatment the passage of time brings a remission in practically all patients with this disease. Until we have specific etiologic therapy we can hope to do one of two things — to shorten the duration of an attack or to give symptomatic relief while the patient is in an attack.

Shock therapy induced by metrazol, insulin or the electric current has achieved great vogue in the treatment of depressions. It is drastic, expensive, unpleasant and not without some danger. It does apparently abort or abbreviate some depressions but probably not as much as some writers claim. In my experience it has proven best to use shock treatment for the less frequently encountered severe attacks of depression when symptomatic treatment and the passage of a reasonable length of time have proven ineffective or the risk of a suicide is great. Frontal lobotomy is justified in very few if any patients with a depression.

Symptomatic treatment of depressions, particularly the very frequent mild instances of

this disease may prove surprisingly effective and most often affords some relief. Several drugs are available and the best results are obtained by proper selection or combination of these drugs in suitable dosage. Opium, either as the powdered extract or the deodorized tincture, is by far the most valuable drug we have for this condition. One-quarter to a full grain of powdered extract of opium or five to thirty drops of the tincture from one to six times daily may afford striking relief of symptoms particularly for the depression, agitation, fears, insomnia, and physical complaints. Habituation and addiction to this drug is not to be feared if the diagnosis is correct. It has not occurred with the use of this drug in thousands of cases. Benzedrine (in 5 to 30 mg. doses) or dexedrine (in 2.5 to 15 mg. doses) may serve better than opium or be a very valuable adjuvant. These drugs help overcome the lethargy, fatigability and retardation of the patients more than the other symptoms. Sedatives alone have proven ineffectual in the majority of cases. As a matter of fact, barbiturates like phenobarbital or seconal have often aggravated the symptoms. After many sleepless nights a single dose of barbiturate at bed-time may be helpful but barbiturates are to be avoided usually, as regular treatment. Sodium bromide, tincture of valerian or chloral hydrate when combined with the opium or benzedrine or both may help alleviate some of the persisting nervous tension but alone they usually are not as efficient as in combination with the aforementioned drugs.

Nowaday, much is made of psychotherapy, that is the implantation of ideas by conversation. Despite the recent widespread notoriety of this word the fact remains that psychotherapy has been used for all illnesses for many centuries. When we explain the nature of his illness, when we put to rest baseless fears by reassurance and when we offer counsel which makes it easier for the patient to bear his disability we are offering psychotherapy whether it be for a coronary artery occlusion, or a manic-depressive depression. In patients with the latter illness, it is very comforting to the patient to be told that he has an illness which is familiar to the physician, that it will terminate in complete recovery, that no residual disability will remain and that much can be done to give him relief for his symptoms. The fear that insanity is impending or that a brain tumor is present may be the source of great suffering and be allayed by simple reassurance. However, it is characteristic of this illness for the patient to be pessimistic to a pathologic degree and inordinately skeptical so that our reassurance may give temporary relief only. It is a great mistake to deal with these patients or speak to them so as to imply that their complaints are invented or imaginary, for to them colic. Such tactics give no relief to the patient and in fact intensify their suffering to the point they are as real and more distressing than a renal where they become frantic and may look to suicide as their only source of relief. If the patient can accept or profit from it he should be told that he has done nothing to bring on his illness and that it is not due to his neglect to do anything. Tolerance and patience on the part of the physician who treats these patients is more effective than involved and probably fallacious psychodynamic explanations which frequently confuse rather than help the patient.

The physician owes it to the patient to discuss his case with persons in the household. Suicide is a potential danger in many cases and should never be neglected. Members of the family should be appraised of this danger and advised as to appropriate steps to be taken. Furthermore, it is very desirable to impress upon those who live with the patient that their scolding, impatience or exhortation not only is ineffectual but actually increase the burden of the patient. It is as foolhardy to scold a melancholic patient for being depressed as it is to scold a patient with a peptic ulcer for hematemesis because neither symptom is under the patient's control. Objectivity, and forebearance are difficult to attain toward the patients' mental symptoms but they are as logical in the patient with a depressive state as toward the physical manifestations of pulmonary tuberculosis. It is just as erroneous to say to a depressed patient, "You will be fine if you would only stop being depressed" as it is to say, "If you would only stop coughing you would get well" to a patient with a peneumonia. In both instances we are putting the cart before the horse.

A brief word remains to be said about the treatment of those depressive states which are part of another disease such as schizophrenia, general paresis or encephalitis. We treat them medicinally very much like we do the true depressions with an added difference. That differ-

ence is in the addition of whatever specific measures are indicated. In addition to powdered opium we may tube-feed the schizophrenic if indicated, used induced fever in the paretic or give ephedrine to the patient with a chronic encephalitis. The prognosis and course of the illness in these later disorders is different from the depression of manic-depressive depression.

In conclusion the recognition and treatment of depressive states is a highly important subject. First, these conditions are far more common than is generally realized. Second, the prognosis is good and third, suitable treatment may afford a great deal of relief to the patient.

THE USE OF THIOURACIL IN HYPERTHYROIDISM

Rocco V. Lobraico, Jr., Major, M.C. A.U.S.
Maurice Hardgrove, Lt. Col., M.C. A.U.S.

The early impression of Astwood[1] as to the value of thiouracil (2 thio, 6 oxypyrimidine) in the treatment of hyperthyroidism were confirmed by Williams and Bissell[2] in their study of nine cases. More recently Williams[3] and Williams and Clute[4] have given their impressions of the drug in a review of a large number of cases of thyrotoxicosis. They summarized the outstanding principles of therapy and concluded that thiouracil was highly effective in producing and maintaining a remission in the disease.

Toxic reactions to the drug have varied from 10 to 20 percent.[6] They have consisted of the following: gastric distress, diarrhea, skin eruptions, temperature rises, lymphadenopathy, arthralgia, myalgia, leukopenia, jaundice, and hematuria. Deaths have been reported due to agranulocytosis.

We are reporting five selected cases of hyperthyroidism treated with thiouracil at Gorgas Hospital. It is believed that studies of this nature will provide details concerned in the case management which are not brought out in statistical studies.

Case 1. *Recurrent thyrotoxicosis treated primarily with thiouracil.*

A 21 year old white female (J.T.) was admitted to the hospital in August, 1943. Symptoms of thyrotoxicosis had appeared two months prior to admission during which time she experienced mild attacks of diarrhea, emotional instability, and a tremor of the hands. She lost 14 pounds in weight and on admission weighed 98 pounds. A moderate, diffuse enlargement of the thyroid was present. No eye signs were noted. The initial basal metabolic rate was +52 per cent and the pulse was 130.

She was given Lugol's solution for a month. A drop in the basal metabolic rate to +10 per cent occurred in two weeks, which was associated with a weight gain of six pounds. The pulse varied between 100 and 120 and she was not considered a good surgical risk. Although iodine therapy was continued the basal metabolic rate rose to +57 per cent, the pulse increased to 150, and toxic signs and symptoms recurred.

Lugol's solution was discontinued and 0.8 Gm. of thiouracil was given each day for nineteen days, after which time the basal metabolic rate was +46 per cent, the pulse 120, and the gain in weight two pounds. She complained of abdominal cramping at the onset of treatment, mild hiccoughing during the second day, and pruritis and urticaria on the third day. She felt relaxed on the ninth day of therapy.

The dose was increased to 1.2 Gm. on the nineteenth day. At the end of a month the basal metabolic rate was +16 per cent, the pulse below 100 and she weighed 110 pounds. The gland appeared to have diminished in size, and she felt well.

She was discharged from the hospital at the end of three months on a maintenance dose of 0.9 Gm. daily. Two weeks later, when the basal metabolic rate was — 7 per cent, the drug was discontinued. The basal metabolic rate was — 9 at the end of two months. Pregnancy occurred soon after medication was stopped and she was delivered of a normal living child in October 1944.

Thyrotoxicosis recurred in August after thiouracil had been discontinued for 21 months. The gland had not increased in size. Iodides were given pre-operatively with a better response than on the first admission. A subtotal thyroidectomy was performed September 4, 1945. The post-operative course was uneventful. The histological picture was that of a diffuse toxic goiter.

Comment — This patient had a month of preliminary medication with Lugol's solution which was followed by thirty-three days of thiouracil therapy. The response to the latter drug was slow. She too noted abdominal cramping and pruritis. The latter was associated with a transient urticaria, and did not interfere with continued medication. Thiouracil affected a quiesence of the thyrotoxicosis during the primary attack, but did not initiate a cure or prevent a recurrence of the disease. It had been impossible to keep in contact with the patient to continue with a maintenance dose.

CASE 2. *Pre-operative Use of Thiouracil*

A 32 year old white female (F.F.) entered Gorgas Hospital in September 1943 with a history of thyrotoxicosis of one month's duration. The disorder was manifested by a 15 pound weight loss, tremor of the

From the Medical Service of Gorgas Hospital, Acon, Panama Canal Zone.

upper extremities, nervousness, headaches, increase in appetite and enlargement of the thyroid. Upon admission her weight was 109 pounds and the pulse was 120. There was a smooth, moderately enlarged thyroid. No exophthalmos was present. The initial basal metabolic rate was + 46 per cent.

She was given Lugol's solution for twenty-seven days without benefit. During this period she lost nine pounds, had a persistently rapid pulse, and an elevated basal metabolic rate of + 57 per cent.

Lugol's solution was discontinued and 0.8 Gm. of thiouracil was given daily for sixteen days. She complained of mild abdominal cramping during the first five days and on the ninth day a generalized pruritis occurred and lasted for one day. The circumference of the neck gradually increased from 32.0 cm. to 37.0 cm. The basal metabolic rate showed no change on the seventeenth day and the drug was increased to 1.2 Gm. a day for thirty-seven more days. At the end of this time she regained seven pounds. The basal metabolic rate dropped to — 7 per cent, the pulse to 80, and she felt improved. She was discharged as improved after two months of hospitalization. Thiouracil was maintained at 0.9 Gm. for an additional nine days, at which time her skin was dry, her eyelids puffy, and the basal metabolic rate was — 12 per cent. This condition improved when the drug was discontinued for seventy-two hours and then maintained at 0.3 Gm. daily.

While the patient was on this maintenance dose, two and one-half months after thiouracil was first administered, she re-entered the hospital for a subtotal thyroidectomy because of the increased size of the thyroid. Excessive bleeding was noted during the operation, but she recovered uneventfully without the support of iodine or thiouracil.

In November 1944 the patient gave birth to a normal child. No objective or subjective findings of hyperthyroidism has appeared.

Comment — This patient showed a rather slow response in thirty-seven days to thiouracil. She noted some temporary abdominal cramping and generalized pruritis. She had received Lugol's solution for twenty-seven days without adequate response prior to thiouracil. Signs of mild hypothyroidism was observed before the maintenance dose of thiouracil was adjusted. The thyroid increased in size and she was successfully operated on seventy days after treatment was started. Sections of the thyroid revealed a diffuse toxic goiter showing considerable hyperplasia. The acini contained little or no colloid material. There has been no evidence of relapse in one and a half years, although no further medication has been given.

CASE 3. *Surgical removal after 10 months of maintenance Thiouracil*

A 27 year old West Indian Negro (J. G.) was admitted in May 1944. He had always enjoyed good health until May 1940, when he noted weakness, nervousness, and enlarging thyroid. In July 1940 a subtotal thyroidectomy was performed. Improvement followed for a short period. In September 1940 there was a recurrence of symptoms. Additional thyroid tissue was removed in December 1940. With the exception of exophthalomos he remained in good health for three years. He then noted a gradual enlargement of the remaining thyroid tissue. He became easily excitable, experienced frequent episodes of paroxysmal tachycardia and insomnia.

On admission in 1944 a marked exophthalmos was found. Tremors of the eyelids, tongue, and hands were present. The right lobe and isthmus were enlarged. The circumference of the neck was 35.5 cm. There was a persistent heart rate of 120. The blood pressure was 125 mm. of mercury systolic and 80 mm. diastolic, and the weight was 114 pounds. The basal metabolic rate was +41 per cent.

Thiouracil (1.2 Gm.) was administered daily for three days followed by an increase to 3.2 Gm. for twenty-four days, at which time he felt much improved. The basal metabolic rate was +6 per cent and the pulse 88. A scaly skin eruption of the face was noticed during the third week of therapy. He was released from the hospital after seven weeks, at which time his basal metabolic rate was — 24 per cent, pulse 66, and weight 120 pounds. There were no obvious physical signs of myxedema.

A maintenance dose of 0.3 Gm. was started. This dose was decreased to 0.1 Gm. of thiouracil daily two weeks after discharge. The basal metabolic rate was then — 5 per cent, pulse 70, and weight 118 pounds. At the end of the second month the drug was reduced to 0.1 Gm. every other day. However, it was necessary to resume 0.1 Gm. daily during the third month because the basal metabolic rate had risen to 15 per cent and he was complaining of some nervousness. He had been maintained on 0.1 Gm. daily with moderate improvement and ability to continue with his work as a truck driver. No. change in exophthalmos or gland size had been noted.

Thiouracil was given from June 1944 to March 1945 a period of 10 months at a maintenance level of 0.1 Gm. daily. An attempt was made to reduce the dosage to a point where it could be discontinued, but any decrease from 0.1 Gm. daily produced a recurrence of thyrotoxic signs. Surgery was therefore contemplated and a subtotal thyroidectomy was performed in March 1945 with the removal of a recurrent toxic nodular goiter. There had been no pre-operative administration of Lugol's solution.

Comment — Two attempts at removal of the thyroid gland failed to inhibit a recurrence of hyperthyroidism in this patient. A satisfactory response to 3.2 Gm. of thiouracil daily was secured in two weeks. He had not received Lugol's solution for four years prior to the administration of thiouracil. He developed a scaly, non-erythematous eruption during the third week. Surgery was performed for the third time after 10 months of thiouracil failed to completely arrest the disease.

CASE 4. *Toxic Effects From Large Doses of Thiouracil*

A 55 year old Barbadian negress (M. B.) was admitted in April 1944. During the previous two years

the patient had been nervous, restless, and easily fatigued. Lugol's solution had been administered four days prior to admission. There was a freely movable nodule 2.0 cm. in diameter located in the right lobe of the thyroid, which was firm in consistency. The circumference of the neck was 36.5 cm. The palpebral fissures were widened and a lid lag was present but no marked exophthalomos was noted. The skin was warm and moist. A fine tremor of the fingers was present. The heart rate was 120 and the blood pressure was 152 mm. of mercury systolic and 88 mm. diastolic. The preliminary basal metabolic rate was + 58 per cent and the weight 176 pounds.

Five grams of thiouracil were administered daily, and on the tenth day she complained of fullness in the neck, pain along the right sternocleidomastoid muscle, weakness, dyspnea, epigastric discomfort, nausea, and vomiting. The following day her temperature rose to 102 F. and the drug was discontinued. The toxic symptoms subsided in twenty-four hours and 2.0 Gm. was started. On the thirty-fourth day of treatment the basal metabolic rate had decreased to + 14 per cent, the pulse to 88, and she had gained eight pounds. The circumference of the neck was now 33.5 cm. She was discharged from the hospital after a two months' stay, with no prescribed maintenance dose.

Seven months later the patient returned to the hospital, at which time the basal metabolic rate was + 52 per cent, the pulse 96, and her weight 172 pounds. She complained of weakness and shortness of breath. The thyroid had not enlarged and was soft in consistency. Thiouracil was re-administered at 0.6 Gm. daily and in three weeks the basal metabolic rate was + 18 per cent, pulse 80, and weight 178. She was given a course of Roentgen therapy and discharged with a maintenance dose of thiouracil at 0.3 Gm. daily which has been continued for a period of 18 months.

Comment — A larger dose (5.0 Gm. daily) was given to this patient in an attempt to produce toxic symptoms which appeared in ten days as described above. The toxic reaction subsided within twenty-four hours after the drug was discontinued. Thiouracil was then repeated at 2.0 Gm. daily with a satisfactory clinical response in thirty-four days. The drug was discontinued and she was allowed to return to her work as a laundress. At the end of seven months a relapse was apparent. Roentgen therapy was given with only three weeks temporary relief. Thiouracil was continued at 0.3 Gm. daily when the basal metabolic rate became elevated to + 24 and the pulse 100 following roentgen treatment. Her nervousness and weight loss was again noticeable and the response to thiouracil has been poor despite eighteen months of continous therapy. She is to be prepared for surgery.

CASE 5. *Unsatisfactory Thiouracil Therapy*

A 48 year old Jamaican negro (C. J.) was admitted November 1943. He was obviously nervous and complained of dyspnea, sweating, weight loss, and ankle edema of five months duration. His basal metabolic rate was + 72 per cent, blood pressure 163 mm. of mercury systolic and 74 mm. diastolic, pulse 140, and weight 134 pounds. The thyroid gland was diffusely enlarged. No eye signs were present. The skin was warm and moist. Moderate cardiac decompensation was evident. He had received no iodine therapy.

One gram of thiouracil was given daily for twelve days, then increased to 2.0 Gm. a day for the next three weeks, when a decrease in the metabolic rate was noted. He was discharged from the hospital at the end of the third month, when the basal metabolic rate was + 15 per cent, pulse 92, and weight 154 pounds. He was maintained on 0.2 Gm. of thiouracil until the fifth month of treatment, at which time the basal metabolic rate was +16 per cent, pulse 100, blood pressure 154 mm. of mercury systolic and 92 mm. diastolic, and weight 167 pounds. Thiouracil was increased to 0.5 Gm. daily between the fifth and sixth month but was again reduced to 0.2 Gm. daily for another month before it was discontinued.

After he had been off the drug for one month the basal metabolic rate became elevated to + 62 per cent and the pulse to 100. He was then started on 0.8 Gm. daily. His basal metabolic rate remained between a + 55 and + 60 per cent. The pulse varied from 76 to 120 but his weight remained unchanged. The gland appeared to enlarge slightly during 1944. He had no complaints and questioned his readmission on November 21, 1944, because he felt well. A surgical procedure is now anticipated after preparation with Lugol's solution.

Comment — This case of severe hyperthyroidism of five months' duration responded initially to moderate doses of thiouracil in a months time. On maintenance dosages varying between 0.5 Gm. to 2.0 Gm. daily his clinical status remained fairly good, for he continued in his work as labor camp cook. However, his basal metabolic rate has remained elevated. A surgical procedure is now planned as offering a more satisfactory approach.

DISCUSSION

These five cases emphasize features in the administration of thiouracil which are important in treating hyperthyroidism. A response to the drug is obtained in thyrotoxicosis of both the diffuse hyperplastic and adenomatous types of goiter. A dose consisting of 1.0 to 2.0 Gm. daily is satisfactory for the active treatment phase. Clinical response varies in individual cases, but is often noted in the third or fourth week of therapy. The size of the gland may increase. although there is an improvement in the clinical picture[3]. A maintenance regimen may not be necessary in all cases, but a patient who is on a maintenance program must be followed carefully for adjustment of the drug level and the avoidance of toxic reactions.

Mild gastric distress as well as skin rashes are not infrequent but do not as a rule require stop-

ping the medication. However a skin rash did occur in one of our cases not reported above which prohibited further use of thiouracil. Another patient not mentioned in this paper, developed vertigeo which necessitated discontinuing the drug. We have seen no neutropenia or signs of renal irritation in the thirteen cases studied, though if these appear thiouracil should be stopped immediately. Hypothyroidism can be avoided if the drug dosage is carefully adjusted.

The use of iodides prior to thiouracil has been thought to delay the therapeutic effect.[3] Lugol's solution may be superimposed on thiouracil medication when the clinical progress is satisfactory and surgery is anticipated. Its use adds to the security of a successful post-operative convalescence.

Thiouracil has not replaced surgery in the treatment of hyperthyroidism. The careful surgical removal of toxic and non-toxic goiters still offers the most satisfactory and permanent result. Robertson Ward[8] has reviewed 3,539 nodular goiters and found 168 or 4.8% had malignant changes, an argument in favor of removing all adenomas.

Thiouracil may be used when the patients general physical condition precludes a surgical procedure. It may prove more satisfactory therapy in cases in which repeated surgery has failed to relieve a hyperthyroid state. It may be used in thyrotoxicosis when the response to Lugol's solution has been unsatisfactory.

CONCLUSION

Observations have been made on the value of thiouracil in five selected cases of hyperthyroidism. The drug generally corrects the metabolic disorder, but there is a considerable delay in response and toxic reactions may preclude its use. The surgical removal of the goiter still offers the method of choice in the treatment of hyperthyroidism.

Thiouracil was supplied for research purposes by the Lederle Laboratories Inc., Pearl River, New York.

BIBLIOGRAPHY

1. Astwood, E. B.: Treatment of Hyperthyroidism with thiourea and thiouracil. J.A.M.A. 122: 78-81 (May 8) 1943.
2. Williams, R. H. and Bissell, G. W.: Thiouracil in the treatment of thyrotoxicosis. New England Medical Journal 229: 97- (July 15) 1943.
3. Williams, R. H.: The use of thiouracil in the treatment of thyrotoxicosis. Medical Clinics of North America 28: 5 1043-1053 (September) 1944.
4. Williams, R. H. and Clute, H. M.: Thiouracil in the treatment of thyrotoxicosis. J.A.M.A. 128: 65-69 (May 12) 1945.
5. Kahn, J. and Stock, R. P.: Fatal agranulocytosis resulting from thiouracil. J.A.M.A. 126: 358-359 (Oct. 7) 1945.
6. Gargill, S. L. and Lesses, M. F.: Toxic reactions to thiouracil. J.A.M.A. 127: 890-898 (April 7) 1945.
7. Lahey, F. H.: The combination of Lugol's solution with thiouracil in the pre- operative preparation of patients with 1944.
8. Ward, Robertson: Malignant Goiter. Surgery 16: 783-803 (Nov. 19) 1944.
toxic goiters. The Lahey Clinic Bulletin 4: 1: 2 (July)

RADICAL EXTIRPATION OF ACUTE BRAIN ABSCESSES

Milton Tinsley, M.D.
CHICAGO

The complete surgical removal of chronic walled off cerebral abscesses has been successfully performed many times. In some instances the abscess was diagnosed as tumor. The surgical approach to acute abscesses has been long debated and various devices instituted. The usual treatment rested between a single tap, repeated tapping, or open drainage of the abscess.[6] It was advocated that the abscess be attacked as late as possible, or until walling off had occurred. The critical condition of the patient very often forced the surgeon to attack the abscess before this walling off process had taken place, and the results were quite poor.

In the world war recently ended, the advent of sulfa drugs and finally penicillin allowed for bolder attack and surgical extirpation of acute brain abscess.[1] In addition the wounds were closed tightly after the removal of the abscess. The results were gratifying in the cases so treated.[2,3,4]

The method of complete extirpation and primary closure has been used in the two cerebellar abscesses reported here. These occurred as a complication of middle ear disease, rather than penetrating head wounds.

Case 1. E.R.S., a 28 year old male, admitted to the Illinois Neuropsychiatric Institute. His history was obtained from his parents. At the age of 9, he accidently shot himself, the bullet lodging in the base of the skull. He was hospitalized for 31 days, in the Cook County Hospital, the bullet was left in place. In 1934, he was operated on, at the Illinois Research Hospital, for squint, at that time a chronic otitis media was treated. The ear continued to drain on and off since. In July, 1946, he developed severe throbbing headache, nausea, and vomiting. The headaches were associated with a bloody discharge from the right

From the Department of Neurology and Neurological Surgery, University of Illinois College of Medicine, The Illinois Neuropsychiatric Institute, and Michael Reese Hospital.

ear. For one week prior to admission, he had had dizzy spells and staggering gait.

On examination he was found to be acutely ill, and complaining of severe headaches. He was stuporous and uncooperative. Temperature, 101.6; pulse, 80; respiration, 20; blood pressure, 164/82. He was restless, irritable, and paralydehyde was needed to quiet him. The superficial temporal and carotid arteries were visibly pulsating. His pupils, although widely dilated, reacted to light. The right ear contained purulent material. There was nuchal rigidity, but his optic discs were flat. There was some ataxia in the right upper extremity, and he fell to the right on attempting to walk. Lumbar puncture revealed cloudy fluid, under increased pressure. The spinal fluid contained 18,500 cells; 90% polys; and 10% lymphocytes. He was placed on penicillin intramuscularly, and because of marked vomiting, sulfadiazine was given intravenously. X-ray of the skull revealed a foreign body lodged in the floor of the temporal fossa. This foreign body was not felt to be causing any difficulty, and operative attack to remove it unnecessary.

Diagnosis: Otitis media and meningitis.

Subsequent course in chronological order:

8/ 5/46 Patient improving, headache subsiding.

8/ 6/46 Patient coherent, cooperative, nuchal rigidity subsided.

8/ 7/46 Lumber puncture, pressure 240 mm. of water. 120 cells; 15,000 units of penicillin, intrathecally.

8/ 8/46 Lumbar puncture, pressure 220 mm. of water. 390 cells.

8/12/46 Patient again having severe headache, now has bilateral abducens paralysis.

8/13/46 Transferred to Ear, Nose, & Throat.

8/14/46 Radical mastoidectomy, right. A large cholesteatoma was removed, thick pus found in the anthrum, perianthral dura was thickened. Culture grew Staphylococcus aureus and Pseudomonas aeruginosa.

8/15/46 Headache subsiding; lumbar puncture, 196 mm. of water; cell count, 28.

8/16/46 Lumbar puncture, pressure 215; no growth from culture.

8/17/46 Headache subsiding, improving generally.

8/22/46 Returned to Illinois Neuropsychiatric Institute, again has severe headaches, is stuporous and incoherent, still has bilateral abducens, and now beginning chocked discs. The diagnosis of brain abscess was made, exact location to be demonstrated on air study.

8/24/46 Ventriculogram showing displacement of the IV ventricle to the left with dilated lateral ventricles. Returned to operating room. Under general anesthesia, a linear right suboccipital incision was made exposing the suboccipital bone. A 5 cm. by 5 cm. opening was made in the suboccipital bone. The dura was incised and the edges coagulated. A brain needle inserted into the cerebellar hemisphere to a depth of 2 cm. struck an abscess cavity containing 10 c.c. of thick greenish yellow pus. The dura was then opened to the extent of the bony defect, and the edges again coagulated. The abscess cavity was unroofed, and all necrotic brain resected by suction. There was no evidence of any walling off. 100,000 units of penicillin in 5 c.c. solution were placed into the cerebellar defect. The dura was left open. The muscles and skin were then closed in layers with interrupted black silk. No drains. Culture grew Staphylococcus aureus and Pseudomonas aeruginosa.

8/25/46 On the first postoperative day the headache entirely subsided. Patient alert, responsive, cooperative. Penicillin intramuscular and sulfadiazine by mouth continued.

8/31/46 Wound healed. Patient up and about.

9/ 1/46 Ataxia and Nystagmus subsiding.

9/ 2/46 Penicillin and sulfa discontinued.

9/ 6/46 Discharged, no cerebellar signs.

Seen as an out patient, 10/3/46, one month after leaving hospital. Patient entirely well, wound healed. No evidence of any intra-cranial pathology.

Resumé: This patient came in with a middle ear infection, and meningitis. The meningitis was treated and a radical mastoidectomy performed. In retrospect, the headaches, ataxia, and bilateral abducen paralysis should lead to a diagnosis of cerebellar abscess. The complete surgical extirpation of the abscess, and the primary wound closure, allowed for rapid and uneventful recovery.

Case 2. E.K., a 31 year old man, referred by Dr. S. O. Schwartz, was admitted to the Michael Reese Hospital, 9/3/46. History obtained from wife. Patient was recently discharged from the army. He had served in the Pacific. Prior to his army service, he had a streptococcus infection of the lip, resulting in septicemia, the only residual was a left peripheral facial weakness. While in the army, he had the following illnesses:

1943 "Fungus" infection of left ear, hospitalized as otitis media.

1944 Hookworm.

1946 July, last attack of malaria.

His present complaints began, August 20, with the sudden onset of headache, stiffness of the neck and vomiting. No chill, or fever. On August 24, he was taken to the contagious hospital, as a suspected poliomyelitis. Lumbar puncture there, revealed increased pressure, 60 lymphocytes and 186 total protein. A second puncture gave the same findings. He was then transferred to Michael Reese Hospital.

Examination on admission revealed an acutely ill male. Temperature, 99.6; pulse, 72; respirations, 20. He was stuporous and incoherent. There was moderate nuchal rigidity. There was a purulent discharge from the left ear and a complete peripheral facial paralysis on the left. The only other positive findings were: Nystagmus on lateral gaze, most marked to the left,

pass pointing and ataxia in the left upper extremity, and papilledema of 1-2 driopters, bilaterally. He fell to the right on attempting to stand. Penicillin and sulfa therapy instituted.

Subsequent course in chronological order:

9/ 4/46 X-ray revealed a left mastoiditis and petrisitis.

9/ 6/46 The diagnosis made was that of a left cerebellar abscess and exploration carried out today. Through a linear left suboccipital incision, the left cerebellar hemisphere was exposed. The dura was opened enough for tapping, and the edges coagulated. At a depth of 2½ cm. an abscess (no capsule felt) was entered and 6 c.c. of thick yellow green pus evacuated. The dura was then opened 4 cm. by 4 cm. and edges coagulated. On unroofing the abcess no capsule was seen; all necrotic brain was resected by suction, and 100,000 units of penicillin placed in the cavity left in the cerebellum. The dura was left open and the incision closed in layers with interrupted black silk. No drain. Cultures of the pus obtained from the abscess grew staphylococcus aureus hemolyticus.

9/ 7/46 Patient alert, no headaches, slight stiffness of neck. Markedly improved.

9/10/46 Radical endoral mastoidectomy, pus found and the dura observed to be thickened. Performed by Dr. Norman Leshin. Culture of pus obtained grew staphylococcus aureus hemolyticus.

9/11/46 Stitches out, suboccipital wound healed.

9/13/46 Fundi shows papilledema of 3 diopters. Patient feeling well, no headache.

9/16/46 Sulfa discontinued, crystals found in the urine.

9/19/46 Lumbar puncture, pressure 310 mm. of water; 48 cells.

9/23/46 Lumbar puncture, pressure 150 mm. of water; 50 cells. Cerebellar signs subsiding, up walking, slight ataxia, no nystagmus; fundi improving. Penicillin discontinued.

9/28/46 Discharged. No cerebellar signs; fundi, 1 diopter choke.

Seen two weeks after discharge from hospital. Patient entirely well. Suboccipital wound healed. Still has some discharge from ear. No signs of intracranial pathology, fundi normal. Peripheral facial weakness still marked.

Resumé: Cerebellar abscess following middle ear infection. Radical extirpation of abscess and primary wound closure. Followed by endoral mastoidectomy. Complete uneventful recovery.

DISCUSSION

The above two cases illustrate the newer approach to the surgical treatment of acute brain abscesses. The absence of a capsule does not influence the procedure of choice. It is obvious that penicillin and sulfa drugs facilitate the complete surgical removal. The primary closure of the wound hastens recovery, and eliminates the prolonged hospitalization and morbidity. It also prevents the entrance of secondary bacterial invaders through an open wound. The radical extirpation applies to abscesses involving the cerebral hemispheres as well.[5]

In many instances the severity of the brain abscess with its related edema of the brain, makes the surgical procedure an emergency. It is not feasible and now not essential to wait for encapsulation. The ear condition usually demands surgical intervention for eradication of the infective focus. The patient improves rapidly, after the attack on the abscess, and the ear can be dealt with in a matter of days, following the extirpation of the brain abscess.

SUMMARY

Two cases of cerebellar abscess, secondary to middle ear infection, were treated by surgical extirpation and primary closure. This method of surgical treatment of acute brain abscess results in spectacular and rapid recovery with minimal hospitalization. The procedure is made possible by the use of penicillin, and sulfonamide therapy. The above method is not only advocated for cerebellar, but for cerebral abscesses as well.

25 E. Washington

REFERENCES

1. Cairns, H.: Penicillin in head and spinal wounds. Brt. Jo. of Surg., July, 1944, 32: 199-207.
2. Schwartz, H. G., and Couhlac, G. E.: Cranio-cerebral war wounds; observations on delayed treatment. Ann. Surg. 121: 129-151. Feb., 1945.
3. Webster, J. E., Schneider, R. C., and Lofstrom, J. E.: Observations on early type of brain abscess following penetrating wounds of the brain. Jo. of Neurosurgery, Jan., 1946, vol. 3: 7.
4. Tinsley, M.: Penetrating wounds of the head. Surgery, April, 1946, vol. 19: 535-542.
5. Le Beau, J. Radical Surgery and Penicillin in Brain Abscess. Jo. of Neurosurgery, Sept., 1946, vol. 3: 359-374.
6. Bucy, P.: Sulfanilamide in the Treatment of brain abscess and prevention of meningitis. Jo. A.M.A., Vol. 111, 1938: 1639-1641.

The 1947 ANNUAL MEETING

More than 3500 attended this meeting held in Chicago on May 12, 13 and 14. The meeting was characterized by the high quality level of the papers delivered at special sections and general sessions. Distinguished guest speakers brought appreciated information to our members.



(Right) Dr. Robert S. Berghoff, at left, hands the historic gavel to his successor as President of the Society, Dr. Irving H. Neece.



(Above) Doctors H. Sawyer, Ottawa, J. H. Edgecomb, Ottawa, H. L. Pettitt, Morrison, and L. S. Reavley, Sterling. This group of downstaters are pictured as they were on their way to the Annual Dinner. Dr. Pettitt is now representing the 2nd District on the Council.



(Right) Two who made news. Dr. Edgar C. Cook, Mendota, and Dr. Percy E. Hopkins of Chicago. After 16 years of faithful service on the Council, Dr. Cook resigned as representative of the 2nd District. Dr. Hopkins also left that body after 12 years of service. He became President-Elect amid widespread and hearty approval.





The ANNUAL DINNER

ht) Rev. Alphonse M. Schwitalla, S.J., Dean, St. Louis
ersity School of Medicine in genial conversation with Dr.
ter Stevenson, Chairman of the Council. Rev. Schwitalla
e an inspiring talk as featured speaker of the evening.
subject — "Man Looks To Medicine." (Above) General
r of speakers table. From left to right: Doctors J. A.
ers, George Lull, Warren Furey, Rev. Schwitalla, Doctors
ter Stevenson, Robert S. Berghoff, Everett P. Coleman,
old M. Camp, Secretary, Rev. H. R. Anderson, Doctors
ıg H. Neece, Morris Fishbein, J. A. Mart, Kenneth Scatliff.



ıg those pictured in this gay
er party (Right) are Mrs.
ett P. Coleman, Mrs. James H.
ın, Dr. Harlan English, Mrs.
ı S. Hamilton, Dr. James H.
ın, and Mrs. Harlan English.



Another happy group (Left) at the Annual Dinner. Starting left foreground and proceeding clockwise: Doctors H. S. Cambridge, A. M. Barone, S. M. Goldberger, Mrs. S. M. Goldberger, Dr. B. W. Breister, Miss Solberg, Dr. A. J. Linowiecki, Mrs. A. J. Linowiecki, and Mrs. H. S. Cambridge.

The SCIENTIFIC EXHIBIT

Professionally lighted and skillfully arranged, the S entific Exhibits were unanimously acclaimed as t best ever shown at our state meetings. Assembl under the direction of Dr. John A. Mart, Chicago, ma of them went on to earn greater fame at the A.M. Centennial in Atlantic City.



(Above) Dr. K. J. Henrichson, ot right, exploins de- oils of his exhibit to Doctors S. Loumos ond M. Ikemire. The exhibit won the Gold Medol in the Educationol Class.



(Above) Dr. Arthur L. Juers, at right, ex the fenestrotion operotion to Dr. F. M. Lhot Cicero ond Dr. J. J. Weil of Chicogo. The e won the Silver Medol for Originol Work.



(Below) Miss Charlotte S. Holt shows the prepared in cooperotion with Dr. Frederi Folls to Doctors R. V. Lobroico Jr., ond White. The exhibit wos entitled "Carcinor the Uterus".

(Above) Dr. L. R. Drogstedt, center, exhibits o specimon o Dr. R. V. Harper Jr. and Dr. H. A. Oberhelmon Jr. The exhibit, "Gastric Vogotomy for Peptic Ulcer" won the Gold Medol for Originol Work.





(Left) Ann Fox, Secretory of the Educotionol Committee, exploins the Society's own exhibit to Dr. John A. Mart. Visitors found the grophic explanotion of the Society's orgonizotion, ond exomples o its educotionol octivities of obsorbing interest. It wos shown fron August 8 through 17 ot the stote foir in Springfield.



LUNCHEON MEETINGS

(Above) Partial view of speakers table at the Womans Auxiliary luncheon honoring Past Presidents of the organization. Left to right: Mrs. F. P. Hammond, Chicago, Mrs. John Soukup, Chicago, President, Dr. Warren Furey, speaker for the occasion, Mrs. E. W. Burroughs, Shawneetown, retiring President, Dr. F. P. Hammond.





(Left) Mrs. O. J. Rabe, Mrs. H. L. Schmitz, President-Elect of the Cook County Auxiliary, Mrs. Paul Bucy, and Mrs. H. Close Hesseltine on their way to the luncheon.

(Above, Right) A worthy cause was helped when Auxiliary members purchased aprons and other hand-made articles produced by the Janeil Shop for Handicapped Girls. Mrs. R. E. Miltenberger, Spring Valley, Mrs. A. M. Drummy and Mrs. Boyd Perry of Lincoln, Mrs. James P. Simonds of Chicago, and Mrs. Morris Fishbein. The latter directed the sale.



(Right) Loyola University Medical Alumni Luncheon drew a large crowd. At the speakers table: Doctors George A. Hellmuth, Justin Steoner, Theodore E. Boyd, Gertrude M. Engring, Thesle T. Job, Rev. G. G. Grant, S.J., Doctors Robert E. Lee, John L. Keeley, Edward A. Piszczek, Charles L. Thill, John F. Sheehan.



(Left) As is usually the case, the liveliest luncheon and certainly one of the most interesting was that given by the Society for members of the 50 Year Club. In the picture at left Doctors Irving J. Strauss, Carl Beck, A. M. Barothy, G. H. Mammen, Joseph de Silva, John V. McKim, and H. O. Munson.

TECHNICAL EXHIBITS

Every exhibit spoce in the large exhibition holl was taken by the technicol exhibitors many of whom expressed their oppreciotion of the orderly hondling of the crowds.

As In the past, one of the most populor spots wos the coke bor (upper right) where thousonds of botties of the ice coid drink were possed out with the compliments of the moker. We're not sure if the fellow In the background is trying to escape the comero's eye, or ossure getting in it.

(Rlght) Dr. T. H. Modoy of Chicogo hos found something to smile obout os he leaves the Lilly booth.









(Left) A Seorle solesmon exploins the value of one of their products to Dr. Thod. Xeiowski of Chicago. Ali exhibitors were generous with samples and doctor's pockets sagged with the weight of them when they deported.

(Lower left) Dr. Harold Swanberg, Quincy, and Dr. A. F. Garelss, Chicogo, stop at the Smith, Kline and French exhibit. Without o doubt they took oway somples of their well known Benzedrine Inhaler.

Correspondence

THE CHICAGO MEDICAL SOCIETY OFFERS POSTGRADUATE COURSES

The Chicago Medical Society is expanding its services this fall through the means of Postgraduate Courses which will be open to men all over the country who are members of their local medical societies.

Two courses will be given this fall in Thorne Hall, Chicago. A one week course on Cardiovascular Diseases will be given from October 20th through October 25th. The second course on Gastroenterology will begin on October 27th and will carry through November 1st.

Teachers will include leading men from the four Class A medical schools of Chicago and outstanding men from all over the United States.

It is suggested that anyone interested in taking advantage of this opportunity communicate with Doctor Willard O. Thompson, Chairman of the Postgraduate Education Committee of the Chicago Medical Society, 30 North Michigan Ave., Chicago 2.

INSTRUCTIONAL COURSES IN ALLERGY

The American College of Allergists has announced that its annual Fall Graduate Instructional Course in Allergy will be given in Cincinnati, Ohio, November 3-8 inclusive, under the auspices of the Medical College of the University of Cincinnati.

The program this year is the best ever offered by the College. Forty-six formal lectures are listed and also a special allergy clinic of case presentations. An added feature this year will be three informal discussion groups led by various members of the faculty.

The faculty is composed of more than forty outstanding physicians and scientists from prominent medical centers and colleges in the United States and Canada. The course presents a comprehensive study of the entire field of allergy — covering the fundamentals, special allergies, specific diseases, and all modern methods of treatment. Symposiums on dermatologic and pediatric allergy are also included, as well as a survey of the laboratory approach to the subject including preparation and standardization of extracts and skin testing.

The course is recommended to all those especially interested in allergy, and to the general practitioner and specialist who anticipates treating his own allergic patients. It is designed to provide a more comprehensive understanding of the many manifestations of allergy so commonly encountered by the doctor, and to emphasize methods of diagnosis and treatment so that he can offer worthwhile aid to those who come to him for help.

Programs and complete information can be obtained by writing to the College Secretary, Dr. Fred W. Wittich, 423 La Salle Medical Building, Minneapolis 2, Minnesota.

THE AMERICAN CONGRESS OF PHYSICAL MEDICINE

Will hold its twenty-fifth annual scientific and clinical session Sept. 2, 3, 4, 5 and 6 inclusive, at the Hotel Radisson, Minneapolis. Scientific and clinical sessions will be given the days of Sept. 3, 4, 5 and 6. All sessions will be open to members of the medical profession in

(*Continued on page* 129)

House of Delegates

SECOND SESSION

The second session of the House of Delegates was called to order by the President, Dr. R. S. Berghoff on Wednesday, May 14, 1947, at 9:35 A.M.

THE PRESIDENT: The first order of business is the report of the Credentials Committee.

DR. E. S. HAMILTON: The number of delegates who have registered and presented proper credentials are 64 from the Chicago Medical Society, 68 from downstate and 20 officers and members of the Council, making a total of 152. The attendance this morning is shown by 47 from Chicago, 60 from downstate and 14 members of the Council making a total of 101 delegates and officers in attendance. I move you, Mr. President, that this number constitute the voting strength for this meeting. (Motion seconded by Dr. Mather Pfeiffenberger, Alton, and carried).

THE PRESIDENT: The next order of business is the roll call by the Secretary.

THE SECRETARY: If it meets with the approval of the House, I think the report of Dr. Hamilton plus the attendance slips should constitute the roll call.

DR. ROBERT HAYES, Chicago: I so move. (Motion seconded by Drs. Wade Harker, Chicago, and W. E. Kittler, Rochelle, and carried).

THE PRESIDENT: The next order of business is the reading and approval of the minutes of the first meeting of the House.

(The Secretary read the minutes).

DR. ROBERT HAYES, Chicago: I move that the minutes stand approved. (Motion seconded by Dr. W. W. Fullerton, Steeleville, and carried).

THE PRESIDENT: The next order of business is the election of officers. Nominations for president-elect are called for.

DR. G. HENRY MUNDT, Chicago: Mr. President and members of the House of Delegates of the Illinois State Medical Society: This is an opportunity that I have long sought. I have watched a chap from the time he was an intern. I liked him, agreed with him on practically everything that he ever did; I think he is a credit to the group with which he works generally. I think he is grand material and I know that he is grand material. He is a nice man, he is clean, he is fine, and I consider it a great privilege to present Dr. Percy E. Hopkins as candidate for president-elect of the Illinois State Medical Society. (Seconded by Dr. Fred Muller, Chicago).

DR. ROBERT HAYES, Chicago: I move that the nominations be closed. (Motion seconded by Dr. Charles Roth, Chicago, and carried).

DR. ROBERT HAYES, Chicago: I move that the Secretary be instructed to cast the affirmative ballot for Dr. Hopkins. (Motion seconded by Dr. G. H. Mundt, Chicago, and carried).

(The ballot was cast and the President declared Dr. Percy E. Hopkins elected as president-elect).

THE PRESIDENT: Nomination are in order for first vice-president.

DR. FRED MULLER, Chicago: Mr. Chairman and members of the House of Delegates: It is a pleasure and a privilege to place in nomination Dr. H. K. Scatliff, Chicago, for first vice-president.

DR. J. J. MOORE, Chicago: I move that the nominations be closed. (Motion seconded by Dr. H. M. Hedge, Chicago, and carried).

DR. J. J. MOORE, Chicago: I move that the Secretary cast the affirmative ballot for Dr. H. K. Scatliff for first vice-president. (Motion seconded by Dr. Wade Harker, Chicago, and carried).

(The ballot was cast and the President declared Dr. H. K. Scatliff, Chicago, elected as first vice-president).

THE PRESIDENT: Nominations are in order for second vice-president.

DR. E. S. HAMILTON, Kankakee: It is my great pleasure to nominate an old friend of mine, Dr. Walter E. Kittler of Rochelle as second vice-president of the Illinois State Medical Society. (Motion seconded by Dr. L. J. Hughes, Elgin).

DR. C. PAUL WHITE, Kewanee: I move that the nominations be closed. (Motion seconded by Dr. E. S. Hamilton, Kankakee, and carried).

DR. C. PAUL WHITE, Kewanee: I move that the Secretary be instructed to cast the affirmative ballot for Dr. Walter E. Kittler for second vice-president.

(Motion seconded by Dr. E. V. Hale, Anna and carried).

(The ballot was cast and the President declared Dr. Walter E. Kittler elected as second vice-president.

THE PRESIDENT: Nominations are in order for secretary-treasurer.

DR. L. J. HUGHES, Elgin: It is a great pleasure to have the privilege of nominating Dr. Harold M. Camp, Monmouth, to succeed himself as secretary-treasurer. (Seconded by many).

DR. MATHER PFEIFFENBERGER, Alton. I move the nominations be closed. (Seconded by Dr. Charles Roth, Chicago, and carried).

DR. W. E. KITTLER, Rochelle: I move that the President be instructed to cast the affirmative ballot for Dr. Camp. (Motion seconded by Dr. Lee O. Frech, Decatur, and carried).

(The ballot was cast and the President declared Dr. H. M. Camp elected as secretary-treasurer).

THE PRESIDENT: The next order of business is the election of Councilors. Nominations are in order for Councilor of the First District, Dr. L. J. Hughes, Elgin, retiring.

DR. K. M. MANOUGIAN, Elgin: I wish to nominate Dr. L. J. Hughes of Elgin to succeed himself. (Motion seconded by Dr. W. E. Kittler).

DR. E. H. WELD, Rockford: I move that the nominations be closed. (Motion seconded by Dr. E. E. Davis, Avon, and carried).

DR. E. H. WELD, Rockford: I move that the Secretary be instructed to cast the affirmative ballot for Dr. L. J. Hughes for Councilor of the First District. (Motion seconded by Dr. E. S. Hamilton and carried).

(The ballot was cast and the President declared Dr. L. J. Hughes, Elgin, elected as Councilor of the First District.

THE PRESIDENT: Nominations are in order for Councilor for the Second District, Dr. Edgar C. Cook retiring.

DR. L. S. REAVLEY, Sterling: I wish to place in nomination the name of Dr. Herbert L. Pettitt, Morrison, for Councilor of the Second District. (Motion seconded by Dr. E. C. Cook, Mendota).

DR. E. S. HAMILTON, Kankakee: I move that the nominations be closed. (Motion seconded by Dr. L. J. Hughes, Elgin, and carried).

DR. HARLAN ENGLISH, Danville: I move the Secretary cast the affirmative ballot for Dr. Herbert L. Pettitt for Councilor of the Second District. (Motion seconded by Dr. Wade Harker and carried).

(The ballot was cast and the President declared Dr. Herbert L. Pettitt, Morrison, elected as Councilor of the Second District).

THE PRESIDENT: Nominations are in order for Councilors of the Third District, Drs. Percy E. Hopkins and Wade C. Harker retiring.

DR. OSCAR HAWKINSON, Chicago: I wish to place in nomination the name of Dr. Wade C. Harker, Chicago, as Councilor of the Third District. (Motion seconded by Dr. C. Paul White).

DR. C. PAUL WHITE, Kewanee: I move the nominations be closed. (Motion seconded by Dr. L. J. Hughes, Elgin, and carried).

DR. C. PAUL WHITE, Kewanee: I move the Secretary cast the affirmative ballot for Dr. Wade C. Harker. (Motion seconded by Dr. E. P. Coleman, Canton, and and carried).

(The ballot was cast and the President declared Dr. Wade C. Harker elected as Councilor of the Third District).

DR. ROBERT HAYES, Chicago: I wish to place in nomination the name of Dr. D. B. Pond, Chicago, as Councilor of the Third District. (Motion seconded by Dr. Fred Muller, Chicago).

DR. FRANK P. HAMMOND, Chicago: I move that the nominations be closed. (Motion seconded by Dr. H. K. Scatliff, Chicago, and carried).

DR. F. P. HAMMOND, Chicago: I move that the Secretary be instructed to cast the affirmative ballot for Dr. D. B. Pond. (Motion seconded by Dr. H. K. Scatliff, Chicago, and carried).

(The ballot was cast and the President declared Dr. D. B. Pond elected as Councilor of the Third District).

THE PRESIDENT: Nominations are in order Councilor of the Eleventh District, Dr. Edwin S. Hamilton, Kankakee retiring.

DR. BERNARD KLEIN, Joliet: I move that Dr. E. S. Hamilton be nominated to succeed himself. (Motion seconded by Dr. R. E. Bedard, Kankakee).

DR. LEE O. FRECH, Decatur: I move that the nominations be closed. (Motion seconded by Dr. Robert Hayes, Chicago, and carried).

DR. LEE O. FRECH, Decatur: I move that the Secretary be instructed to cast the affirmative ballot for Dr. E. S. Hamilton. (Motion seconded by Dr. Wade C. Harker, Chicago, and carried).

(The ballot was cast and the President declared Dr. E. S. Hamilton, Kankakee, elected as Councilor of the Eleventh District).

THE PRESIDENT: The next order of business is the election of delegates to the American Medical Association. There are four to be elected, Drs. Robert H. Hayes and Fred H. Muller, Chicago, Mather Pfeiffenberger, Alton, George C. McGinnis, Warren, retiring.

(The following delegates were nominated, the ballot was cast and the President declared them elected: Drs. Robert H. Hayes and Fred Muller, Chicago, Mather Pfeiffenberger, Alton, and E. H. Weld. Rockford.)

THE PRESIDENT: The next order of business is the election of Alternate Delegates to the American Medical Association, Drs. H. Kenneth Scatliff and Warren W. Furey, Chicago, D. M. Roberts, Alton and W. W. Fullerton, Steeleville, retiring.

(The following alternate delegates were nominated, the ballot was cast and the President declared them elected: From Cook County, Drs. H. K. Scatliff and Warren W. Furey, Chicago, D. M. Roberts, Alton, and Walter C. Blaine, Tuscola).

THE PRESIDENT: I would like to call on Dr. J. P. O'Neil, the first vice-president.

DR. J. P. O'NEIL, Chicago: Mr. President, members of the House of Delegates: As your retiring vice-president — only a second one at that — I believe I have not only the right to address this house at some length — but also the moral obligation — as an elected officer to call to your attention two rapidly advancing dangers so catastrophic in their final implications — that, unless positive action is initiated — and that soon — Medicine as a profession will be swept by the cleansing broom of Time into the world's great rubbish heap — and the verdict of the historian of the future will be — Suicide!!

I refer specifically to the attempt by lay hospital boards to appoint on their staffs — full time physicians and surgeons of the various specialities — full time practitioners who will devote all their time and talents to the diagnosis and treatment of patients entering said hospitals, that these physicians and surgeons become the paid hirelings of such lay board of control, that these hospitals under this already attempted scheme will pay these physicians a set and fixed predetermined salary, and, the hospitals will bill, and collect all fees for such services and keep it!! As an illustration I give a concrete instance. A wealthy individual enters the hospital for diagnosis and treatment. He is operated upon, the surgeon who operates is under contract with the hospital to confine all his activities to that particular institution, and to nowhere else. His salary has been fixed at ten thousand per annum. This patient can well afford to pay ten thousand for the operation. The hospital charges and collects that fee. It is well within the range of the probable that the surgeon under contract, will in the course of the year, bring into the hospital from ten to fifty or more thousands of dollars, and he gets only his salary, further, he robs every other physician in that community.

Hospitals are a present day convenience. Primarily they are the outgrowth of the intelligent understanding of the doctor for his patient. They are set up to bring within easy accessibility the needs of the doctor and his patient. They were never designed to exploit either the doctor or the patient. There can, therefore, be no reason for the exploitation of any individual or any group for any cause whatsoever. This is the land of my fathers. I can not stand idly by and permit any such paternalistic, commercially inspired individuals — or groups of individuals to despoil, ravish, and then throw into intellectual bankruptcy my profession that goes back in unbroken line to the very Gates of Paradise. I will not accept that, irrespective of how deceptively, how insidiously, or seemingly benevolent that brutal rape of my calling may be disguised, I will not permit them to set up on the altar of my preceptors the Golden Calf of crass commercialism under the spurious guise of loving charity. One thing I have always noted to be in singular accord in all these professional do-gooders, social uplifters, and Charitеers, with other people's money, and that is this, their personal motives, supercelestial opinions, and their subterranean morals.

The policy of these great "public Benefactors" is, invariably laid down in the business office. They think not of what is to the best interests of humanity at large, but, of what will yield the greatest profit to the hospital, of whatever their own pet project may be. They care not a damn whose house is destroyed, so long as it is not their own. That then is one of the dangers I forsee.

The second danger is the growth, and rapidly increasing power of the so called Certification Boards, Diplomate Boards, and the proposed establishment of another board for general practitioner!

No one can reasonably object to the purported positive aims and objectives of these boards. No one this side of hell can control the negative implication that lack of certification by these same boards, carries in the appointing of members of hospital staffs, and most damning of all, the lying, character assassinating effects, in the eyes and mind of the public, on the non-certified physician. This you may say is destructive criticism. It is. And I destroy, in order to erect a new house of medicine, build it anew on a stronger, more lasting foundation. The answer and remedy is this. These Boards must go! More boards make confusion more confounded. What is in essence, morally wrong at birth, will forever remain morally wrong until it either dies or is killed. The only way to get out of a culde-sac, or a maze of any kind, is to admit our errors, retrace our steps out of the darkness that is destroying our ability to see, to do an about face and get back into the daylight of truth, and reason. The appointing of more commissions, more committees to study this is in itself an admission of failure.

There are about 20,000 diplomates, approximately 90,000 physicians who are certified by no board. These are the general practitioners, the backbone of the profession, the sheet anchor of the county society, which makes up the state and the A.M.A.

Monopolies are inimical to the best interests of the people, be these monopolies political, financial, scientific or otherwise. Such power as wielded by monopolies, unless held in check, soon become paramount. Once established they are difficult to root out, for the so-called conservatives, who always bow the knee to custom, and who unfortunately constitute the majority and who are the bond slaves of these monopolies, are unwilling to rise against them for they fear being designated as radicals, cranks, obstructionists, and, if you want, then call me that for that is what I am. We ofttimes discover what we will do by trying something that fails, and these boards have failed, we have learned they will not do. To continue with cowardly conservatism and cowardly conservation has ever been the downfall of people, societies and nations.

How long can the Illinois State Medical Society, the A.M.A. endure? Are we going to continue as blood brothers with mutual interests, or will we, drunk with our dictatorial powers, crash, head on, into the rock of self-deification with its resultant special priv-

ilege, followed by jealousy, next mounting anger, and finally, disruption by revolution? Change can come only in one of two ways, evolution, which is orderly, or revolution, which is chaos.

Are we to be divided into certified and uncertified with the lines of demarcation becoming more and more strongly drawn? Are we going to trade medical democracy for medical oligarchy, the voice of the unorganized, unselfish majority, for the sacrosant pronouncement of the few? 20,000 against 90,000.

Unless we do an about face, what I ask you is to prevent our plunging headlong into the mad wreck and ruin that inevitably and inexorably must follow this dividing of the house of medicine against itself, or, must it come as a purgation by fire, from which democracy in medicine will again arise purer and stronger. I may sound pessimistic, perhaps I am, but, that is my swan song.

THE PRESIDENT: Thank you, Dr. O'Neil. The next order of business is the election of Standing Committees.

(The following members of Committees were nominated in turn, the ballot was cast and the President declared them elected:

Committee on Professional Demeanor: Darwin B. Pond, Chicago; Ralph McReynolds, Quincy.

Committee on Medical Education and Hospitals: Andrew C. Ivy, Chicago.

Committee on Medical Benevolence: Lee O. Frech, Decatur, for a term of three years; Oscar Hawkinson, Chicago, to fill the unexpired term of Lucius Cole, for one year.

THE PRESIDENT: The next order of business is fixing the per capita asseessment for 1948 dues.

DR. WALTER STEVENSON, Quincy: Your Council wishes me to recommend to the House that the annual dues of $10.00 be continued, and I so move. (Motion seconded by Drs. R. H. Hayes, Chicago, and J. S. Templeton, Pinckneyville).

DR. WADE HARKER, Chicago: There seems to be some confusion about what this means.

DR. STEVENSON: The annual dues of each County Society are fixed at the local level but the House of Delegates prescribes the amount that shall be contributed by the County Society for each member for the support and expense of the State Society. Last year it was $10.00. I moved that the dues be continued at the same rate. (Motion carried).

THE PRESIDENT: The next order of business is the selection of a meeting place for the 1948 annual meeting.

THE SECRETARY: In recent years this matter has been left to the Council and the place selected after suitable investigation has been made. We have had no invitations from any place. I think it would be desirable that this matter be left to the Council.

DR. E. E. DAVIS, Avon: I so move. (Motion seconded by Dr. E. V. Hale, Anna, and carried).

THE PRESIDENT: The next order of business is the reports of Reference Committees and action on same. The first report will be from the Committee on Reports of Officers.

DR. MATHER PFEIFFENBERGER, Alton: Your Committee on Reports of Officers namely the President, President-elect, Secretary-Treasurer and Chairman of the Council, wish to approve the reports in toto of the President, President-Elect, and Secretary-Treasurer.

The Committee wishes to again compliment the Council on its adoption of the procedure of having the Executive Committee meet before the regular Council meeting to consider and present recommendations which facilitate the functioning of that body.

Your Committee agrees and endorses the statement made by the Secretary in his report regarding Jean McArthur: "Much credit is due to her for the accomplishments of the Committee during the past two decades to make it an outstanding project of the Society."

Your Committee approves having the Annual meeting begin on Monday as it affords the doctors better opportunities to attend the meeting.

In regard to changing the meeting time to the fall of the year, we think this decided change should be given much time and serious consideration.

Your Committee notes with pride the excellent financial condition of the Society.

Your Committee approves the character and time of meeting scheduled for this session.

Your Committee in reading from the reports quote, "The insurance companies thus far agreeing to issue policies in accordance with the principles laid down are excellent companies but it does seem that we should attract more companies to this project." It is the opinion of the Committee that other insurance companies should be consulted as to coverage and rates.

Your Committee approves the limiting of the Ex-President's term as Councilor-at-Large to one year.

Your Committee approves the attendance of the Director of Public Health at Council meetings where Public Health matters are to be considered. However, it does not think he should be looked upon as a member of the Council.

Your Committee was interested in the excellent work done by the the various committees and wish to especially call attention to the work done by the Rural Health Committee.

Finally your Committee wishes to call your attention to the paragraph in the Chairman of the Council's report in regard to the laissez-faire attitude of the profession in regard to the full-time employment of doctors in hospitals.

Respectfully submitted,
Mather Pfeiffenberger, Chairman,
Lee O. Frech,
G. Henry Mundt.

DR. M. PFEIFFENBERGER, Alton: I move the adoption of this report. (Motion seconded by Dr. H. P. Saunders, Chicago, and carried).

THE PRESIDENT: The next report will be from the Committee on Reports of Councilors.

DR. H. K. SCATLIFF, Chicago: Mr. President and Delegates: This concerns the reports of twelve Councilors.

An over-all survey of this material indicates a commendable zeal and enthusiasm in the discharge of the duties which the Society has entrusted to these men.

We call attention again to the error on page 21 of the Handbook which should read that five physicians have been called upon to discuss questionable testimony and *not* five members of the *Committee on Medical Testimony.*

Almost without exception the Councilors report with favor on the various Post-Graduate Conferences your Society has sponsored. This would well seem an activity that we should continue as a service to the public through the men in practice.

In connection with the esteem with which Post-Graduate study at home is received is noted a growing awareness of the over-emphasis on specialization and the tendency of the hospital to dictate to the general practitioner — the man who makes the hospital popular.

A third and final point upon which these Councilors unite, is the value to the community of the full-time, fully-paid County Health Officer and the County Health unit. And we note, with high hope and satisfaction, that the physician veteran has returned home and has settled again in his preferred and life-long job.

Respectfully submitted,
Reference Committee on Reports of Councilors
Frank Deneen, M.D.,
John P. O'Neil, M.D.,
H. Kenneth Scatliff, M.D., Chairman.

DR. H. K. SCATLIFF, Chicago: I move the adoption of this report. (Motion seconded by Dr. H. P. Saunders and carried).

THE PRESIDENT: The next report will be from the Committee on Reports of Standing Committees, Dr. D. B. Freeman, Moline, Chairman.

Report of Committee on Medical Service and Public Relations: The report of this committee is most wholeheartedly accepted and too much praise and commendation cannot be given to this committee and to Miss Ann Fox, James C. Leary and John W. Neal, all of whom were so closely associated with the work of this committee. It is urged that everyone in the assembly peruse in detail this report.

We cannot at this time forego the opportunity of mentioning the very efficient and painstaking service rendered by Miss Jean McArthur, who was the former secretary of the Educational Committee. We all know how diligently she labored and was valued as an employee.

Extra and special commendation for James C. Leary for his enthusiastic cooperation with the committee and to John W. Neal, whose efforts on our behalf closely scrutinizing all health bills and vicious propaganda has meant so much to medicine.

This has been the first year of the functioning of this committee in its present form and it has definitely proven its inestimable value as now constituted and we recommend its continuance.

Respectfully submitted,
C. Ellsworth Black
Robert H. Hayes
David B. Freeman, Chairman.

DR. D. B. FREEMAN, Moline: I move the adoption of this portion of the report. (Motion seconded by Dr. H. P. Saunders, Chicago, and carried).

Report of Committee on Professional Demeanor:

It is gratifying to know that this committee has not had to be too busy with its duties. However, this committee deserves credit and commendation for not having work to do.

With the proposed addition to the Constitution and By-Laws of a Committee on Medical Testimony, the function of the Committee on Professional Demeanor would be usurped by the new committee with the result that the Committee on Professional Demeanor should cease to function.

We recommend the Proposed Addition to the Constitution and By-Laws.

Respectfully submitted,
C. Ellsworth Black,
Robert H. Hayes,
David B. Freeman, Chairman.

(Dr. Freeman: I move the adoption of this portion of the report. Motion seconded by Dr. Lee Frech, Decatur).

DR. OSCAR HAWKINSON, Chicago: May I inquire just what was the attitude of the Committee on Professional Demeanor? Does that mean that this Committee be abolished?

DR. FREEMAN: Not necessarily so.

DR. HAWKINSON: This Committee on Professional Demeanor received a new name and it is known as the Committee on Misdemeanors. We have labored under this name for two or three years. We have had two or three inquiries from downstate. Last year a resolution came into the House of Delegates which would provide for changing the name to our old name, Medico-Legal Committee. I would be very much in favor of abolishing this Committee, if we have to continue laboring under this furious name. (Motion carried).

Report of Committee on Medical Education and Hospitals:

To all of you who have read and studied the report of the Committee on Medical Education and Hospitals must come the realization of the vast amount of work entailed in arriving at these conclusions. Drs. W. O. Thompson, H. O. Munson and W. R. Marshall are justly entitled to the praise and thanks of this assembly for their fact-finding and comprehensive report.

It was the sense of this committee that the right approach to the solution of the Chicago Medical School has been taken — the spirit of cooperation rather than condemnation. We should like to endorse the action of the Council in approving the re-

port of the Committee on Medical Education and Hospitals. There is no question but that the same rules and regulations should apply to all medical schools in the State of Illinois and that each and every school should be approved regardless — this committee is heartily in accord with the Committee on Medical Education and Hospitals on this point —

We therefore recommend that the House of Delegates instruct the Council to take immediate steps to have legislation introduced for passage specifying that only graduates of approved schools may take the examination to practice medicine in the State of Illinois.

In the report of the Committee on Medical Education and Hospitals as printed in the 1947 Official Annual Reports of officers and committees on page 34, paragraph 5, on quotation it states: "They already have some sort of working arrangement with the Illinois Masonic Hospital".

And on page 35, Article 4-B "Our clinical teaching is carried on in the following hospitals — Illinois Masonic Hospital — Medicine, Surgery and Obstetrics". These were direct quotations from information given by Dean J. J. Sheinin of the Chicago Medical School.

Definite and authoritative information from a Trustee of the Illinois Masonic Hospital contradict the above statement in the report and attention to this error is being called to Dean Sheinan and correction will be made.

The problem of the General Practitioner is one which deserves serious consideration with the development of specialty boads and the practice of medicine becoming more and more limited — we must still not lose sight of the fact that most of our problems still come within the domain of the General Practitioner and with the hospitals and staffs becoming more and more selective to the hardship of the General Practitioner perhaps some definite action should be taken — the committee however, recommends a thorough study of this problem.

Respectfully submitted,
C. Ellsworth Black,
Robert H. Hayes,
David B. Freeman, Chairman.

(DR. FREEMAN: I move the adoption of this portion of the report. Motion seconded by Dr. Harlan English, Danville).

DR. ROBERT H. HAYES, Chicago: It is with regret but with animosity that I have to make a few remarks. The Chairman of your Committee has brought to you some erroneous quotations from pages 34 and 35 of the Report of the Committee. As a Trustee of the Illinois Masonic Hospital and a member of its staff, I wish to state that the staff has gone on record as being opposed to any connection wtih the Chicago Medical School. The Board of Trustees of the Illinois Masonic Hospital is unalterably opposed to any association with an unapproved medical school. Therefore, I am bearing out the report of the Committee. (Motion carried).

Report of the Committee on Medical Benevolence:

This committee has made an excellent record and should be commended more highly for their endeavors — tangible results are being crystallized into reality.

Evidence shows a definite need to improve the economic situation of an increasing number of physicians and the contributions being received at present rate fall far below the requirements to remedy this situation.

Therefore this committee recommends that this fund be augmented by a direct assessment on all members of the Illinois Medical Society of one dollar a year or such a sum as determined by the Council.

We further recommend that allowances be liberalized.

The committee also recommends the passage of the resolution submitted by Dr. Kenneth Scatliff:

Respectfully submitted,
C. Ellsworth Black,
Robert H. Hayes,
David B. Freeman, Chairman.

(DR. FREEMAN: I move the adoption of this portion of the report. Motion seconded by Dr. Mather Pfeiffenberger).

DR. E. S. HAMILTON, Kankakee: I move as an amendment that this portion of the report with regard to changing the dues be in no way binding on the Council.

DR. FREEMAN: We thought that the amount of taxation should be determined by the Council either from the present dues or if the dues were not sufficient to increase the dues.

DR. HAMILTON: Is there anything mandatory in the report about that? If it is not mandatory I would not be opposed; if it is mandatory I would be opposed.

DR. FREEMAN: It is only a recommendation.

DR. CHARLES P. BLAIR, Monmouth: If we add an assessment will not that require constitutional action? If so, it will require presentation of an amendment at this meeting of the House of Delegates.

THE PRESIDENT: The committee pointed out that this is simply a recommendation and is not mandatory. (Motion carried).

Report of Committee on Archives:

The Committee on Reports of Standing Committees commends the work and endeavors of this committee. Inasmuch as the duties of the Permanent Historian is so closely associated with the functions of this committee, it is recommended that the Permanent Historian be made an ex officio member of the Committee on Archives.

Respectfully submitted,
C. Ellsworth Black,
Robert H. Hayes,
David B. Freeman, Chairman.

(DR. FREEMAN: I move the adoption of this portion of the report. Motion seconded by Dr. J. J. Moore, Chicago, and carried).

DR. FREEMAN: I move the adoption of the report as a whole. (Motion seconded by Dr. J. J. Moore and carried).

THE PRESIDENT: The next report will be from the Committee on Reports of Council Committees, Committee "A".

DR. WARREN W. FUREY, Chicago:

1. The Educational Committee has, as usual, done outstanding work and deserves high commendation of their efforts.

2. The Scientific Service Committee has contributed materially to the great success of the meetings of many County Medical Societies and to the speaker's program generally, they likewise deserve our commendation and praise.

3. The Post-Graduate Education Committee has, as many of us are only too well aware, rendered a real service to Illinois physicians. We wish to commend them particularly for their personal efforts to make this program the success that it has been.

4. Fifty Year Club. As usual this grand group, headed by the well-known Andy Hall, has done a grand job and deserves our support and encouragement.

Respectfully submitted,
Warren W. Furey, Chairman,
L. S. Reavley.

DR. FUREY: I move the acceptance of this report. (Motion seconded by Dr. G. C. Otrich, Belleville, and carried).

THE PRESIDENT: The next report will be from Committee "B".

DR. F. M. HAGANS, Lincoln: The report of the Medical Advisory Committee to the Illinois Public Aid Commission has been approved by your Committee as printed in the Handbook. I move the adoption of this portion of the report. (Motion seconded by G. C. Otrich and carried).

Your Reference Committee also approves the changes in the Constitution and By-Laws as presented by the Committee at the first meeting of the House of Delegates. I move the adoption of this portion of the report. (Motion seconded by Dr. Harry Hedge, Chicago, and carried).

The proposed change for Section 6 of the By-Laws is approved by the Committee. I move the adoption of Section 6. (Motion seconded by Dr. G. C. Otrich, Belleville, and carried).

The Committee recommends the adoption of Article VI. Section 1. I move the adoption of this proposed amendment. (Motion seconded by Dr. G. C. Otrich, Belleville, and carried).

The Committee approves the adoption of Chapter II, Section 1 of the By-Laws. I move the adoption of this amendment. (Motion seconded by Dr. G. C. Otrich and carried).

DR. E. S. HAMILTON, Kankakee: Those of you who have read this proposed amendment or listened attentively to what has been said will note that apparently it changes very little the authority of the Council to decide when a meeting shall be held. However, if you read between the lines, as I think I do, it is a definite attempt or intent to change the time of meeting from spring to fall. It does not make much difference to me when you have a meeting, I shall be here as long as I am able to come. I personally see no reason why we should have a meeting in the fall. The fellows from downstate like to come to Chicago even if they do not attend meetings. They have had vacations in summertime, most of them are back at work and they have to work to make enough money to come next spring. Those who belong to special societies know that a large number of the special societies meet in the fall and the men interested in those societies want to go to the meetings. I have talked to many of the men downstate and they feel that they would rather have a meeting in the spring than in the fall. This proposed amendment does not say we are going to have the meeting in the fall but that is what is meant. I see no reason to change it unless we specifically say we are going to have the meeting in the fall. If the House of Delegates wants to meet in the fall let us have it in the fall. That is what is going on. We are just changing it by an easy method. If you want it in the fall say so.

DR. W. E. KITTLER, Rochelle: Would it be a good idea to leave out the part referring to meeting in the fall? I would be in favor of having that part stricken from the report of the Committee.

THE PRESIDENT: It is not there, it is implied.

DR. KITTLER: I would like to amend the motion that we delete that portion or suggestion that we have a meeting in the fall. (Motion seconded by Dr. E. E. Davis, Avon).

DR. HAMILTON: I move that this portion of the report be tabled. (Motion seconded by Dr. C. Paul White, Kewanee).

DR. C. P. BLAIR, Monmouth: I rise to a point of order. I call attention to the fact that the Constitution provides the day the House will meet. We are not meeting on that day this year. If we are going to meet on Monday we should change the Constitution.

DR. J. P. SIMONDS, Chicago: Does this motion apply only to Chapter II, Section 1?

THE PRESIDENT: That is all. You have heard the motion to table this portion of the report. Are you ready for the question? (Motion carried).

DR. HAGANS: I move the adoption of the report as a whole as modified. (Motion seconded by Dr. J. H. Maloney, Rockford, and carried).

DR. P. R. BLODGETT, Chicago Heights: I move that the last portion be tabled. This motion to table might be considered singular but let me call to your attention that this is a report of the Reference Committee and not of the Constitution and By-Laws Committee. By inference you have adopted the report of the Reference Committee wtihout recommendation of the Constitution and By-Laws Committee which is very irregular in any well regulated organization. To clarify that and leave the constitutional amendments to that proper place the motion to table is in order.

DR. R. K. PACKARD, Chicago: I rise to a point of parliamentary procedure. I will not discuss the

motion, I would simply call to the attention of the House that these motions as presented were approved by this House of Delegates except the last motion and that was disapproved. I do not believe that the motion is in order to table the whole report after two-thirds of it has been approved by the House, without reconsidering the motions in its entirety.

DR. ROBERT HAYES, Chicago: I move that we vote on the motion on the recommendation of the Chairman of the Committee. (Motion carried).

DR. V. M. SERON, Joliet: As I recall the original motion that had several sections of the Committee's report and he made the recommendation that the whole report be approved. If we pass a motion to table it destroys the other motions.

THE PRESIDENT: Just one portion was to be tabled.

DR. HAGANS: The report of the Committee on Professional Demeanor is approved by the Committee. I move the adoption of this portion of the report. (Motion seconded by Dr. G. C. Otrich).

DR. G. HENRY MUNDT, Chicago: There is obviously an error in the writing of this report. It is a thing that we should take care of in this report of the Reference Committee. There is a statement that a man who has given improper testimony in a court shall be called by this Committee for a hearing. I am certain that that should be changed to "One reported to have given improper testimony shall be called by this Committee for a hearing." I move that as an amendment to this portion of the report. (Motion seconded by Dr. Harlan English, Danville, Charles Roth, Chicago, and others. The amendment was carried and the motion as amended was carried).

THE PRESIDENT: We now come to the Report of the Committee "C", Dr. J. J. Moore presenting the report in the absence of Dr. E. H. Weld the Chairman.

Report of the Reference Committee to Review the report of the Committee on Voluntary Prepayment Plans for Medical Care.

The reference committee feels that the report of the Committee on Voluntary Prepayment Plans for Medical Care as published in the handbook should be given general approval, and the Committee should be commended for the work which they have done.

The reference committee also approves of the supplementary report of this Committee and feels that further study as suggested by the report should be made in enlarging the field in working out the details of future policies that may be issued.

The reference committee feels that the principles governing the insurance contracts providing medical and surgical expenses shall be made by the Prepayment Committee. Changes in the general principles regarding insurance contracts shall be made at the discretion of the latter Committee when they deem it necessary for the benefit of the public and necessary for the success of the plan.

We feel that the Society is greatly indebted to this Committee on Voluntary Prepayment Plans for Medical Care for the enormous amount of work which they have rendered to the Illinois State Medical Society, and that they should be thanked for their efforts.

Respectfully submitted,
E. H. Weld, Chairman,
J. J. Moore,
C. Paul White.

DR. MOORE: I move the adoption of this report. (Motion seconded by Dr. W. W. Fullerton of Steeleville and carried).

THE PRESIDENT: The next report is that of Committee "D", Dr. P. R. Blodgett, Chairman.

Maternal Welfare:

This committee has made considerable progress in improving obstetrical care in the state particularly in the area outside of Cook County. The meetings already held and those planned for the future, where the men interested in obstetrics and gynecology for the exchange of ideas and experiences, will improve the professional care rendered.

This committee is to be commended.

DR. BLODGETT: I move the adoption of this portion of the report. (Motion seconded by Dr. E. S. Hamilton of Kankee and carried).

Ethical Relations:

Because of the high standard of ethics maintained by the members of the society this committee has had very little to do.

It is a pleasure for your reference committee to recomend that a good conduct medal be issued to each member of the society.

DR. BLODGETT: I move the adoption of this portion of the report. (Motion seconded by Dr. W. E. Kittler, Rochelle, and carried).

Industrial Health:

There is a distinct relationship between the health of the worker and the environment in which he works.

The incidence of industrial diseases must be reduced and greater efforts be directed to the general health program.

The committee rightfully stresses the lack of a proper health program in the great majority of the smaller industrial plants and the necessity of the Illinois State Medical Society — assuming a positive leadership in formulating a suitable plan of health protection and industrial hygiene.

It is the opinion of this reference committee that far too much medical work is being done by laymen and non-qualified personnel in many of our industrial plants. We suggest that the Committee give this matter careful consideration.

The Committee is to be commended for the fine work it has done.

DR. BLODGETT: I move the adoption of this portion of the report. (Motion seconded by Dr. O. W. Rest, Chicago, and carried).

Rural Medical Service:

This Committee has made a very thorough survey of the medical care available in the rural areas of the state and finds that there is already a shortage of doctors, that the shortage will become more acute in the future because of the advanced age of the average

man now practicing there, and a very marked tendency on the part of the senior medical students to avoid practice in rural communities.

The Committee feels that our profession has a great deal at stake and must do something definite to make rural practice more desirable.

The Committee has done a fine piece of work and must be supported to continue in its efforts to find a solution to this important medical and economic problem.

Recommend that the Illinois State Medical Society engage in a program of a student loan fund in cooperation with the farm organizations and other interested groups, in educating medical students who will practice in rural areas.

Respectfully submitted,
P. R. Blodgett, Chairman,
Robert Mustell,
H. A. Felts.

DR. BLODGETT: I move the adoption of this portion of the report. (Motion seconded by Dr. Mather Pfeiffenberger and carried).

DR. BLODGETT: I move the adoption of the report as a whole. (Motion seconded by Dr. H. K. Scatliff and carried).

THE PRESIDENT: The next report will be from Committee "E", to be presented by Dr. W. W. Fullerton in the absence of Dr. Frank Maple, the Chairman.

Reference Committee "E". Report of the Committee on Venereal Disease Control:

The text of the report of the committee on Venereal Disease Control is primarily a report of the marked improvement in the treatment of these diseases, and the saving in time lost from work and ultimate reduction in cost of the medical care. This is indeed gratifying.

The organization of the division of venereal disease control has been changed since the untimely death of Dr. George G. Taylor. It is now under control of the division of communicable diseases. Other changes in administrative practices of the division has improved the availability of penicillin and other drugs.

The number of reported cases of syphilis has declined 13.9 per cent since 1945, but an increase of 4 per cent in reported primary cases and 12 per cent of reported secondary syphilis, is an interesting observation and makes the problem of public health more important as these are the stages in which syphilis is most infectious.

Case finding, case holding and case treatment has functioned more satisfactorily than ever during the past year because of the improved availability of penicillin. Time lost to industry and cost of the treatment has been so markedly reduced that more patients come in for diagnosis and treatment.

The reporting committee believes the report of the committee on venereal disease control is very satisfactory and they should be complimented. The committee makes this suggestion for internists, officials of public health, and general physicians to remain alert for pathological developments in years to come on patients who have received the intensive treatment for syphilis. Syphilis has always been a disease spanned over many years. Has the intensified treatment given a five, ten or twenty year cure? Time has not proven this.

Respectfully submitted,
Frank F. Maple, Chairman,
Arkell M. Vaughn,
Willard W. Fullerton.

DR. FULLERTON: I move the adoption of this portion of the report. (Motion seconded by Dr. E. S. Hamilton and carried).

DR. FULLERTON: The second portion of this report will be presented by Dr. Vaughn.

Report of the Reviewing Committee to the House of Delegates Covering the Report of the Committee on Tuberculosis.

This committee is familiar with the Newitt Survey on Tuberculosis Control of Chicago and Cook County. This report on conditions with recommendations fairly coincides with the findings of our state committee.

Five people die every day of tuberculosis in Chicago. The death rate places Chicago sixty-ninth on the list of ninety-two cities with population of 100,000 or more. Our council committee proposes a plan covering Chicago, Cook County, outside of Chicago and downstate asking for a legislative appropriation to cover additional beds. These bills are in preparation and must receive the support of this House of Delegates. Each member and every physician must see that his senator and representative know the situation and that Illinois must spend much more money than the very small amount now being spent for tuberculosis control.

The Reviewing Committee thoroughly endorses the county plan which includes finding the cases and arranging for proper treatment. This plan calls for the active support of every physician and all hospital admissions should include a tuberculosis survey.

Respectfully submitted,
A. M. Vaughn,
W. W. Fullerton,
Frank F. Maple.

DR. VAUGHN: I move the adoption of this portion of the report. (Motion seconded by Dr. James H. Hutton and carried).

Report of Comittee "E" to receive and report on report of Committee on Cancer Control:

First we would like to congratulate the Committee and its able Chairman, Dr. Warren Cole, upon their very excellent report. In a very short time, they have accomplished much in the state toward detection and eradication of cancer. The fruits of their toil are already becoming evident since in 1945 there were 12,651 cancer deaths in Illinois; while in 1946 there were 12,600. This difference of 51 deaths may appear insignificant, but it is the first time since 1941 that there has been a decrease in the cancer death in Illinois.

The bill drafted and approved by the Committee for the erection of a cancer hospital in a Medical Center in Chicago meets our heartiest approval. We concur very definitely on Section 6 of the bill, which will allow all of the recognized medical Schools in Illinois

and all recognized Hospitals to participate in the program, thus eliminating control by one favored group.

The figure of $109,000 collected last year in Illinois should possibly be 309,000 according to information received by us. We believe more cancer prevention clinics similar to the one conducted by Dr. Augusta Webster should be established if possible for male patients as well as female. Since the establishment of this clinic, the third in the U. S., three years ago, there has been a steady rise in this type of clinic until now there are 118 cancer detection clinics in the U. S. with a growth of 65 per cent in the past year. The reason for the establishment of such clinics is shown by experience in pilot cancer detection clinics who reveal that: 1.5 per cent of examinees have cancer not previously suspected; 15 per cent have pre-cancer lesions and 30 per cent have other diseases requiring treatment.

Programs for professional education of the Chicago as well as the downstate physicians is suggested, but probably of a shorter duration.

Section 5 of the proposed bill does not provide for hopeless or terminal cases. We would suggest that thought be given toward providing for the care of the unfortunate souls. The erection of new state hospitals or subsidization of private or charitable hospitals, might be considered as a solution for this great army of sufferers.

Respectfully submitted,
Dr. Frank Maple, Chairman,
Dr. Arkell M. Vaugh,
Dr. W. W. Fullerton.

DR. VAUGHN: I move the adoption of this portion of the report.

DR. JAMES H. HUTTON, Chicago: Are we asked to approve the erection of a Cancer Hospital?

DR. VAUGHN: There is a proposed bill that will provide for a State Hospital in the Medical Center probably on the west side. In this report we state in the Medical Center in this proposed bill they will provide for Cancer Research. They are not to take hopeless cases. (Motion seconded by Dr. C. Paul White).

DR. JAMES H. HUTTON, Chicago: I think we should all like to see cancer brought under control and its sufferers relieved as efficiently and quickly as possible. Certainly I share that feeling. We do not know the cause; we know it is not contagious; it is still an individual affair. It is entirely likely that there is already provision for research that can eventually be done in Chicago. I am told that the Veterans' Administration is building a Tumor Clinic on the north side of the University of Chicago has been given a substantial sum for the establishment of a cancer hospital. The state has been asked to give a million dollars in the interest of the subject. For sixty-five years we have known the cause of tuberculosis. For exactly that long we have known how to treat it. For a half century we have known how those people can get well and still five people die in Chicago every day from a disease, the cause of which is known, the method of prevention is known and we still have not done too much. We know the state cannot appropriate money for every desirable venture and I think we should concentrate on these things we know how to do.

The resolution is a little bit wrong. A recent release from Washington showed that for venereal disease control the budget committee allowed 17 million; that was all they asked for, may be a little bit more. The cancer people asked for 11 million and the House Appropriations Committee added of its own initiative 6 million for cancer control, a thing they cannot control. A request was made for 8 million for tuberculosis and they cut off 4 million and we are spending $90,000 more in the last year than in previous years. As long as we cannot have everything we want, I wish to concentrate on those things we know how to do. I should oppose the idea of building cancer hospitals in this state until we have brought under control and reduced to a minimum the diseases we know how to treat.

DR. J. P. SIMMONDS, Chicago: Perhaps one thing should be made clear with reference to the cancer control bill referred to in this report. That bill was prepared by the Advisory Committee to the Division of Cancer Control of the Illinois Department of Public Health. It was prepared for a specific purpose. Dr. Cross realized that the public, including the members of the General Assembly, are very definitely cancer minded and unless a cancer bill of some kind having to do with cancer control was prepared and presented in the General Asembly, the lay public could come forth with one not satisfactory to the medical profession. This bill was prepared for the purpose of having one that was acceptable to the medical profession. The last report I had was that this bill had not been introduced. The purpose in the preparation of the bill was not necessarily that a bill be introduced but that one be available that would be acceptable to the medical profession of the state of Illinois. If this House of Delegates approves the bill it does not necessarily mean that it is advocating that the General Assembly provide funds for it, but that we approve a bill that is acceptable to the organized medical profession of the state of Illinois. This particular bill has been studied and approved by the Advisory committee to the Division of Cancer Control of the State Department of Public Health. It has been approved by the Council of the Chicago Medical Society. It was presented to the Council of the Illinois State Medical Society; whether it has been actually approved by that body I do not know. Approval of this bill by this House of Delegates is merely approval of the proposed bill that will satisfy the medical profession of the state.

(The motion to adopt that portion of the report was carried).

DR. ARKELL M. VAUGHN: I move the adoption of the report as a whole. (Motion seconded by Dr. Robert H. Hayes, Chicago, and carried).

Report of the Veterans' Service Committee. — This Committee reports that there has been little to do

in helping the physician Veteran with his difficulties in returning to private practice.

The Committee is to be commended for its efforts to make a study of the status of the dependents of those physicians who died in service. We believe that this study should be continued.

DR. REDINGTON: I move the adoption of this portion of the report. Motion seconded by Dr. E. S. Hamilton, Kankakee, and carried).

Report of the Committee on Veterans' Rehabilitation. — This Committee has little to report and in a general way appears to be satisfied with the Medical Care the Veteran has received.

The work of this Committee has been taken over by the Veterans' Administration Advisory Committee. This Committee should be abolished.

DR. REDINGTON: I move that this portion of the report be adopted. Motion seconded by Dr. E. P. Coleman and carried).

Report of Advisory Committee to the Veterans' Administration. — This Committee has been quite active and has done a large amount of work.

There has been a great deal of misunderstanding concerning the agreement between the Veterans' Administration and the Illinois State Medical Society.

There are certain laws that require the Veterans' Administration to treat veterans in facilities that are operated by them, if space is available and if there is no hazard to the patient in transporting him to such facility. To a large extent this fact prevents most patients from being treated in their own communities by the physician of their choice.

Possibly too little publicity was given to this part of the contract when it was signed. Consequently many patients and physicians have been disappointed.

We believe a study of this feature of the law should be made and we have been informed that a thorough discussion and possible action will be made at the meeting of the American Medical Association next June.

Concerning the other difficulties that have been brought before this Committee, they are chiefly ones that will occur because of the newness of the program.

We think the Committee has done a good job in ironing out a great many of these complaints and wish to commend them for the work they have done.

We realize as well as they do that this program is not perfect but suggest that it be given a sufficient trial to determine its workableness.

J. C. Redington, Chairman,
R. E. Bedard,
S. M. Goldberger.

(Dr. Redington: I move the adoption of this portion of the report. Motion seconded by Dr. E. E. Davis, Avon, and carried).

DR. REDINGTON: I move the adoption of the report as a whole. (Motion seconded by Dr. E. E. Davis, Avon, and carried).

THE PRESIDENT: The next report will be from the Reference Committee to report on Reports of Editor, Scientific Work and Woman's Auxiliary, Dr. Harold W. Miller, Chairman.

Report of the Editor. — Our Committee wishes to report as follows on the report of the Editor of the Journal.

The Committee appreciates the difficulties which the editing and printing of a journal such as ours have been during the past years. With the shortage of paper as well as the shortage of essential materials, it has at times, no doubt, been an almost unsurmountable task, and that the lateness of the Journal's arrival has in no way been the fault of the Editor or Journal Committee.

The Committee is pleased to note the satisfactory cooperation between the Journal Committee and the Editorial Board.

We further commend the Journal Committee on their careful selection of advertising as well as their policy of publishing practical material.

We further note with satisfaction the Editor's effort to encourage state news items as well as local news of members of the Society and their activities.

In general, the Committee feels the Journal has, during difficult times and under many handicaps that were beyond the control of the Editor, been very satisfactorily managed and has continued to show improvement.

(DR. MILLER: I move the acceptance of this portion of the report. Motion seconded by Dr. O. W. Rest, Chicago, and carried).

Report of Committee on Scientific Work. — Our Committee carefully noted the excellent work done in procuring programs of the highest qualities and the kind which the average busy practitioner appreciates most.

We note with satisfaction and commendation the broad scope of service which the Scientific Work Committee has covered in its programs. The appreciative attitude and large audiences speak of itself for the interest shown by the many societies.

The Committee desires to commend the activities of the Scientific Work Committee and recommends continuance of its present programs and activities.

(DR. MILLER: I move the adoption of this portion of the report. Motion seconded by Dr. Robert H. Hayes, and carried).

Report of the Woman's Auxiliary. — Your Committee has noted with much satisfaction the work of the Woman's Auxiliary, the many activities they have participated in during the past year, for which they are to be commended.

Their efforts in developing new branches and memberships is evidence of their continued activity in the right direction, we believe.

We further note their efforts in increasing the Benevolence Fund, their satisfactory handling of public relations, legislation, Hygeia, and school instruction, all of which we believe are especially valuable activities and much needed by the Illinois State Medical Society membership.

Respectfully submitted,
A. H. BITTER,
E. H. OCHSNER,
H. W. MILLER, Chairman.

DR. MILLER: I move the adoption of this portion of the report. Motion seconded by Dr. O. W. Rest, Chicago, and carried).

DR. MILLER: I move the adoption of the report as a whole. (Motion seconded by Dr. Walter E. Kittler, Rochelle, and carried).

THE PRESIDENT: The next report will be from the Reference Committee on Miscellaneous Business, Dr. J. B. Moore, Chairman.

Report of Committee on Miscellaneous Business. — Your Committee on Miscellaneous Business met and favorably considered the reports of the Medical Economics Committee and the Committee on Mental Hygiene recommends that the reports be received and placed on file. No further action is deemed advisable.

Respectfully submitted,
J. B. Moore, Chairman,
W. H. Schowengerdt,
Charles R. Roth.

DR. MOORE: I move that the portion of the report relating to Medical Economics Committee be adopted. (Motion seconded by Dr. W. H. Schowengerdt, Champaign).

DR. R. K. PACKARD, Chicago: I would like to have him reread that portion of the report.

(Dr. Moore reads)

DR. PACKARD: I want to take up only one portion of this report. I think I appointed the first chairman of this Committee. That chairman was Dr. E. S. Hamilton. He remained chairman of that Committee for ten years but it was not a single man committee, there were several members on the Committee. The fact was that Dr. E. S. Hamilton wrote practically every article twelve times a year for ten years on Medical Economics. I just talked to him a few moments ago and asked him how many members of his Committee and members of the Society had contributed to that column and he said he remembered John Neal and R. K. Packard had. When Dr. Hamilton became Chairman of the Committee, every member of the State Society and every member of the Committee was asked to work. I served on the Committee. The only others who contributed were Dr. John Neal, Dr. E. S. Hamilton and our old friend, Dr. C. E. Wilkinson.

I would like to move that that portion of the report referring to a single man committee be deleted from the report. I should like to amend that portion, that the Committee should recommend the termination of the Committee if they are not able to get articles into the Journal. (Seconded by Dr. O. W. Rest, Chicago). THE PRESIDENT: We shall vote first on the amendment. (Amendment carried). We shall now vote on the motion as amended. (Carried).

DR. MOORE: I move that the report concerning the Committee on Mental Hygiene be adopted. (Motion seconded by Dr. W. H. Schowengerdt, Champaign, and carried).

DR. MOORE: I move the adoption of the report as a whole as amended. (Motion seconded by Dr. W. H. Schowengerdt, Champaign, and carried).

THE PRESIDENT: The next report will be from the Committee on Resolutions, Dr. James H. Hutton, Chairman.

DR. HUTTON: Fourteen resolutions were presented to the Committee for consideration and recommendation.

1. *The Creation of a Board for General Practitioners*

(See Page 60, July issue.)

DR. HUTTON: The Committee recommends that the House approve the idea of admitting general practitioners to hospital staffs. The Committee does not believe the creation of a Board for General Practitioners would help to solve the problem and so recommends that this portion of the resolution be not approved. I move that the House adopt that part of the report relating to the admission of general practitioners to hospital staffs. (Motion seconded by Dr. F. P. Hammond, Chicago, and carried).

DR. HUTTON: The Committee itself is allergic to Boards and it seems that part of this House is allergic to Boards and we recommended to the House that this portion of the report reading as follows:

Resolved, that this House of Delegates request the American Medical Association through its proper Councils to create a Board for General Practitioners and to set minimum standards for his admission to the Staff and definite in a general way the type of work that he be allowed to do in the hospital as a General Practitioner, the final determination to be made by the hospital staff.

be not adopted, and I so move. (Motion seconded by Dr. Mather Pfeiffenberger, Alton, and carried).

DR. HUTTON: Dr. Packard did not discuss this resolution but he told us that he was not sure that was the proper solution of it and he wanted it brought before the House.

2. *Availability of Interns in General Hospitals*

(See Page 60, July issue.)

DR. HUTTON: The Committee recommends the approval of this resolution, and I so move. (Motion seconded by Dr. Robert H. Hayes and carried).

3. *Campaign of Public Education on Tuberculosis*

(See Page 60, July issue.)

DR. HUTTON: In the hope of getting some more legislation and if more people knew about tuberculosis we would have some approach, we invited about 125 non-medical groups to join us. About 75 did join us. I am astonished at the amount of influence the medical profession has once it decides to take the lead in some project. We have the A.F.L., the C.I.O., the Brotherhood of Railroad Trainmen, the Parent-Teachers Association, the Woman's Clubs behind us and I was told that probably the Illinois Manufacturer's Association would endorse the bill. Whenever this profession decides to take the lead in something constructive the public will be with you 100 per cent. We thought

we could turn this program over to the public and forget it but the public said, we will do it but stay with us.

In part of this resolution the hospitals are asked to fluoroscope and x-ray the chest of all patients admitted to the hospital, and this portion of the resolution I will read to you. (Reads). The Committee wholeheartedly asks the House to approve this resolution. I move its adoption. (Motion seconded by Dr. F. P. Hammond, Chicago, and carried).

THE PRESIDENT: Let me say that I appreciate very kindly Dr. Hutton's kindly remark about the minor part I played in the question of tuberculosis. When I resigned in his favor I paid the Illinois State Medical Society a great service.

4. *A Resolution to Provide for Investigation of Methods of Providing Retirement and Pension Funds for Incapacitated and Retired Physicians*
(See Page 60, July issue.)

DR. HUTTON: The Committee recommends the adoption of this resolution and I so move. (Motion seconded by Dr. J. H. Maloney, Rockford).

5. *Contribution to the Woman's Auxiliary by the State Society to Defray Convention Expenses*
(See Page 60, July issue.)

DR. HUTTON: As this resolution has to do with the appropriation of money, the Committee recommends its referral to the Council. I so move. (Motion seconded by Dr. W. E. Kittler, Rochell, and carried).

6. *Request by the Woman's Auxiliary for Space in Illinois Medical Journal*
(See Page 61, July issue.)

DR. HUTTON: The Committee has complete confidence in the ability of the Editor to include such material as he feels is in the best interests of the Journal. Consequently, we recommend that this resolution be not approved. I so move. (Motion seconded by Dr. Mather Pfeiffenberger, Alton).

DR. F. P. HAMMOND, Chicago: In the few minutes at my disposal it would be impossible to get into the various angles and arguments in favor of the resolution. I would like to call your attention to the Report of the Reference Committee on the Report of the Woman's Auxiliary, commending the Auxiliary for its many activities in behalf of organized medicine. They are a most sincere group, supporting organized medicine and other activities set up for them by the American Medical Association and the Illinois State Medical Society. In consideration of what other state medical societies are doing in this regard in providing opportunity for them to disseminate education and information to their members and to doctors throughout the state, I feel and I am sure those who are acquainted with Auxiliary feel that the wives have a real gripe for feeling that their efforts in behalf of the medical profession are not appreciated by the rank and file of the medical profession. I refer to the medium for discussion of their information and the taking back of it to their various members and to the profession. They are a sincere group in their efforts in reference to organized medicine and their program is always in conformity with the ethics and standards of medicine. One reason why, in addition to being neglected and discriminated against, is that we find on investigation that other medical societies, including Pennsylvania, California, Michigan, provide these means for the Woman's Auxiliary and in some instances, provide a separate pamphlet or periodical that goes out to their membership. It seems to me that we ought to realize that this is a chronic, unhealthy condition and presents a problem that should be corrected. Therefore, Mr. Chairman, I move a subsidiary motion to the Committee's report that the President appoint a committee of three members to investigate the relationship and operative procedures by and between the Illinois State Medical Society and the Woman's Auxiliary, that this committee report its findings to the Council of the State Society which shall take such remedial action as it deems propitious and wise. I move the adoption of the subsidiary motion. (Seconded by Dr. H. W. Miller, Chicago).

DR. HUTTON: We are not at all inclined to disagree with what Dr. Hammond says about the virtues of the Auxiliary. That is not the point as we see it. We have complete confidence in the Editor of the Journal. We feel if this resolution were adopted it would in a way tie his hands and curtail his activities, and we thought it should not be done. We feel for this reason the resolution should not be approved. It was not a slap at the Woman's Auxiliary.

THE SECRETARY: This resolution says that, "Whereas, the Woman's Auxiilary to the Illinois State Medical Society, has not been given adequate space in the Journal of the Illinois State Medical Society, be it resolved that the Editor provide space each month, etc., etc." For a number of years the President of the Woman's Auxiliary to the Illinois State Medical Society has sent releases for publication and there never has been a release submitted to the Editor which has not been published in the Illinois Medical Journal. During the past year there has been one article submitted and one article published. In regard to giving a separate department in our Journal, that we have had discussed by the Editorial Board. We are crowded for space. We try to get in as many scientific articles as possible. Frequently we are requested to publish lists of officers of the Auxiliary, committees and possibly other data that would require one and a half to two pages, and even greetings from the President to the group. We have questioned at times the wisdom of publishing things pertaining entirely to the Auxiliary. The statement Dr. Hammond used that the ladies have been discriminated against is not entirely in order.

DR. HAMMOND: I will say that the ladies wrote the resolution and brought it to me just before the other session. There was no intent to make complaints, but it is a fact and it can be verified that this is not a recent issue or problem, it has existed ten or fifteen years where they have been discriminated against. I can understand that some material sent in

by the Auxiliary cannot be published. I am going to recommend to them that it shall be edited very appropriately. I am satisfied that perhaps this is too vehement. All they are asking is for a space of a half page and it seems to me that the House of Delegates and the Council should see their position. Let us make them our friends, as they are our friends and keep them that way because they do have a real gripe.

THE PRESIDENT: The Chair will have to rule that this subsidiary motion is out of order.

DR. HAMMOND: If you are going to discuss the original motion then before I make my motion I will move that the motion of the Resolutions Committee be tabled. (Seconded by Dr. O. W. Rest, Chicago). (The motion to table was voted on by a standing vote and lost).

THE PRESIDENT: Are you read for the question on the original motion that the resolution be not adopted? (Motion carried).

7. *Change in Name of Committee on Professional Demeanors*

(See Page 61, July issue.)

DR. HUTTON: The Committee recommends that the House adopt this resolution and there are several reasons why; one is that at least two members of the Resolutions Committee are well acquainted with the Chairman of the Committee on Professional Demeanor and if you do not adopt it this year, it will be introduced next year. I move its adoption. (Motion seconded by Dr. H. M. Hedge, Chicago).

DR. G. HENRY MUNDT, Chicago: I think everyone is aware that legal requirements do not change. We were told we could not keep the name Medio-legal Committee because of some legal opinion. Has that legal opinion been changed?

DR. HUTTON: Dr. Hawkinson appeared before this Committee and pointed out that there apparently was not legal objection to the name, Medio-Legal Committee, as the Chicago Medical Society has a Medico-Legal Committee.

THE SECRETARY: I think Dr. Mundt is referring to the time when the Society had a Medico-Legal company and paid for the defense of members. That cannot be done. A change of name today would not change the present status of the duties of the Committee.

(The motion to adopt the resolution was carried).

8. *Contract with the U. S. Veterans' Administration*

(See Page 61, July issue.)

DR. HUTTON: The Committee recommends the adoption of this resolution. (Motion seconded by Dr. E. E. Davis, Avon, and carried).

9. *Establishment of an American Academy for Cerebral Palsy*

(See Page 61, July issue.)

DR. HUTTON: The Committee appreciates the need for the improvement of medical education in every branch. It appreciates the ideas of these founding members in wishing to further the education of the profession and others in the care of cerebral palsy. The Committee does not believe the creation of an Academy would tend to do this and hence recommends that this resolution be not approved. I so move. (Motion seconded by Dr. H. K. Scatliff and carried).

10. *Change of Policy of American Specialty Boards*

(See Page 61, July issue.)

DR. HUTTON: The Committee recommends the adoption of this resolution. (Motion seconded by Dr. Richard Greening, Chicago, and carried).

11. *Clarification of Rules Relating to Medical Service Fees Received from the Federal Government*

(See Page 61, July issue.)

DR. HUTTON: The Committee fully appreciates the difficulties enumerated, but it is doubtful if the Editor of The Journal and the Bureau of Legal Medicine would have time or strength or opportunity to carry out the instructions of this resolution and we consequently recommend that it be not approved. I so move. (Motion seconded by Dr. E. E. Davis, Avon, and carried).

12. *The Holding of Hospital Staff Meetings*

(See Page 62, July issue.)

DR. HUTTON: The Committee recommends the adoption of this resolution and I so move. (Motion seconded by Dr. H. M. Hedge, Chicago).

DR. W. E. KITTLER, Rochelle: It seems to me that it should be more specific. Do you mean July, August and September?

DR. HUTTON: They said the summer months.

DR. OSCAR HAWKINSON, Chicago: I have the impression that the American College of Surgeons do not care whether the Staffs do not meet at any time as long as they hold clinical sessions.

(Motion to adopt the resolution carried).

13. *Direct Payment by the Illinois Public Aid Commission For Services Rendered*

(See Page 62, July issue.)

DR. HUTTON: The Committee recommends the first part of this resolution having to do with direct payment to doctors and in principle, we approve the idea that the pharmacist is entitled to his share of the work, and consequently we recommend that the House express its approval in principle of this wherever it is applicable and expedient. I so move. (Motion seconded by Dr. W. S. Bougher, Chicago, and carried).

14. *Establishment of a Section on Diseases of the Chest in the Scientific Assembly of the American Medical Association*

(See Page 62, July issue.)

DR. HUTTON: The Committee recommends the approval of this resolution. Motion seconded by Dr. Otto Bettag, Pontiac, and carried).

THE PRESIDENT: I would like to call Dr. W. D. Stevenson.

DR. STEVENSON: Before you go to unfinished business I would like to ask in the report of the Constitution and By-Laws Committee whether or not you rule that two-thirds of those present voted in the affirmative, and if so, have it show in the minutes so there will be no controversy.

THE PRESIDENT: The Chair decided quite positively that two-thirds of those voted in the affirmative.

We now come to unfinished business. I would like to introduce a man who had a great deal to do with making this annual meeting a success, Dr. H. Kenneth Scatliff, General Chairman on Arrangements.

DR. SCATLIFF: Mr. President and gentlemen: The wholly unexpected and kind remarks of our President are quite undeserved by reason of the efficient official personnel you have selected for your Society. I thank you for the opportunity of serving you this year. The registrations have been running very satisfactorily. Due to the large influx of registrants on this day and yesterday, the cards have not been filed completely. The girls are working on it, but I believe we are quite safe in saying that it is upward of 2500 for this year. The success of this medical meetings, of course, depends wholly upon you. I would like to point out that this annual meeting is a three day affair. The Scientific Work Committee has arranged some splendid papers for this afternoon. There are luncheons going on now. This afternoon at two o'clock there is the oration in medicine by the Assistant Surgeon-General of the U. S. Public Health Service. I urge you all to make the most of the opportunities presented by this annual meeting. Thank you very much.

DR. GEORGE W. ROSS, Watseka: This morning we heard a talk here that was very wonderfully received by our second vice-president, Dr. J. P. O'Neil. Judging by the reception of that talk I think most of us would like to see it in print. In order to see it in print it should be published in the Journal. Mr. Chairman, I move you that that article be published in toto not among the minutes of this body but as a special article in the Journal. (Motion seconded by Dr. I. S. Trostler, Chicago).

DR. G. HENRY MUNDT, Chicago: I like John P. O'Neil. I think it is very wholesome, I think it is a fine thing for a man to tear us apart. I look with great favor on one thing he said, that sometimes you must tear the whole thing down and start over again. But we have a rule in the Illinois State Medical Society that reports of officers are referred to a Reference Committee. I think it is wrong to change that procedure. I move a substitute motion that the address of the Second Vice-president be referred to the Committee on Medical Education and Hospitals for review. (Motion seconded by Dr. F. P. Hammond, Chicago, and lost on a standing vote, 20 for and 28 against).

The vote on the original motion was carried.

THE PRESIDENT: We now come to new business, communciations, election of emeritus members and other new business.

THE SECRETARY: The communications were referred to the Resolutions Committee in the form of resolutions. I do have a list of candidates for Emeritus Membership that have been approved by their county medical societies and qualified under the present by-laws.

Dr. David Andelson, Chicago Medical Society
Dr. James A. Britton, Chicago Medical Society
Dr. J. A. Brown, Kankakee County Medical Society
Dr. Andrew V. Dahlberg, Chicago Medical Society
Dr. F. J. E. Ehrmann, Chicago Medical Society
Dr. Leon J. Heldring-Fabricus, Chicago Medical Society
Dr. Charles M. Jacobs, Chicago Medical Society

I move that these men be given Emeritus Membership. (Motion seconded by Dr. L. J. Hughes, Elgin, and carried.)

DR. G. HENRY MUNDT, Chicago: Mr. President and Members of the House: At the caucus of the Cook County group on Monday afternoon a constitutional matter was brought up which we should consider. I appreciate the opportunity to give this to you now. I do not want you to take action now; I want you to think about it. In Chapter VII, Duties of Officers, we find Section 3 reads:

> In the case of death, resignation or disability of the president-elect during his term of office, his place shall be filled by the House of Delegates at the next annual meeting by election.

We have had very recently in the A.M.A. a situation in which the President-Elect became disabled and the position was filled by the Vice-President. I have discussed with Dr. Blair and several downstate men the need of putting something in our constitution so that in case of that difficulty arising in this Society we will have a method of procedure that will be satisfactory. I should like for the House to go on record as approving that the constitution and by-laws Committee bring in at the 1948 session a recommendation as to a change in this portion of the constitution. Mr. Chairman, I move that this House record its vote on this question. (Motion seconded by Dr. W. E. Kittler, Rochelle, and carried).

THE PRESIDENT: At the request of the Chairman of the Council, I am going to ask Mrs. Ben H. Gray, Executive Secretary of the Society for the Prevention of Blindness, to speak for five minutes.

MRS. GRAY: Personally I would consider it a privilege to appear before this body today. Late yesterday afternoon one of our Illinois ophthalomologists called me and reported the case of a four day old baby who faces a life of blindness. We have not been able to secure the facts in the case, so I cannot give them to you. We know this should not have happened in Illinois. This is the first case that has happened since 1941. I am here to make a special plea to you, because you are a key group in Illinois, and we hope that you will do everything in your power to see that this does not happen in Illinois. I want to call your attention to the state law:

1. Every baby born in Illinois will have prophylactic treatment of the eyes with one per cent silver nitrate or some other equally effective drug approved by the State Health Department. The

State Health Department approves only one per cent silver nitrate which is distributed free of charge.

2. Every case of ophthalmia neonatorum will be reported within six hours after discovery. Ophthalmia neonatorum will be defined as any redness, swelling or pus in the eyes of a newborn baby under two weeks of age.

The obstetrician keeps telling us that the proper treatment of the birth canal is more important. The ophthalmologist keeps on reminding us that there is no other treatment than silver nitrate applied by the proper technic. Will you not do everything in your power to see what is happening in your community because it is a protection not only for the helpless baby but for the doctor as well. There are two things you can do. If there are offenders in your county you can see that information concerning the law is available to them, and you can do something about the men who are not complying with the law. Secondly, it is most important from the point of malpractice as far as the physician is concerned to see that the birth record is properly filled out. You probably will not believe it but we have gotten 500 to 600 birth records in Illinois filled out with the words, "silver I per cent used". There are only two correct ways of filling out the record, one is "silver nitrate one per cent" and the other is, "$AgNO_3$ one per cent".

There is a lot more I would like to tell you but I think you know in your hearts what this means and it is not necessary. This accident to which I referred should not have happened anywhere.

THE PRESIDENT: I have a telegram from Governor Green regretting his inability to be present at the dinner last night.

THE SECRETARY: I have the report of the Committee on awards:

EDUCATIONAL:

Gold Medal: Dr. K. J. Henrichsen, Municipal Tuberculosis Sanitarium. "Differential Diagnosis in Tuberculous and non-Tuberculous Conditions Encountered in the Sanitarium."

Silver Medal: Dr. Bertha A. Klien: "Diseases of the Fundus Oculi".

Bronze Awards:

1. Drs. Carroll L. Birch and Louis R. Limarzi, Department of Medicine, University of Illinois College of Medicine: "Hematology".

2. Drs. Cleveland J. White, R. C. Ranquist, Henry S. Cambridge, Robert H. Harris, Department of Dermatology, Loyola University School of Medicine: "Diseases of the Nails (Dermatological Aspects)".

3. Miss Georgia Price and Miss Elizabeth Carr, Northwestern University Medical School Library: "Early Midwestern Medicine".

ORIGINALS:

Gold Medal: Drs. Lester R. Dragstedt, Paul V. Harper, Jr., Edward R. Woodward and E. Bruce Tovee, University of Chicago, Department of Surgery: "Gastric Vagotomy for Peptic Ulcer".

Silver Medal: Drs. George E. Shambaugh, Jr., Arthur L. Juers and C. W. Whitaker, Wesley Memorial Hospital: "Fenestration Operation: Improved Technic Based on Experimental Studies".

Bronze Medals:

1. Dr. Frank G. Murphy, Department of Orthopedic Surgery, Cook County Hospital: "Intramedullary Onlay Bone Grafts for Shattering Fracture Defects".

2. Drs. Hans Popper, Frederick Steigmann, Karl A. Meyer, Donald D. Kozoll and Murray Franklin, The Hektoen Institute for Medical Research of the Cook County Hospital: "Liver Function and Liver Structure: Clinical Application".

3. Drs. Otto F. Kampmeier and Thomas N. Haviland, University of Illinois College of Medicine: "Anatomical Specimens Mounted in Plastics".

THE SECRETARY: I would like to have official authority to thank all the people who made this meeting possible.

DR. ROBERT H. HAYES, Chicago: I so move. (Motion seconded by Dr. W. W. Fullerton, Steeleville, and carried).

THE PRESIDENT: I want to say first in one breath to you, you must realize how deeply appreciative I am of your tolerance towards me in three meetings of this House. I told you I was not a parliamentarian and yet you were tolerant. You got me in some tight corners. I will say to you, it is with extreme regret and with only kindly feelings on my part that I retire as your executive officer for this year.

It gives me extreme pleasure to introduce your president for the coming year. You do not want me to say much, he does not want me to say very much. He is extremely efficient, honest and capable. I feel confident as I know you do, that with your cooperation and the cooperation of this entire grand Society that he will carry us over troubled waters. It is with great pleasure that I hand the gavel down to him as the President of the third grandest medical Society in the United States, your friend and my friend, Irving H. Neece.

DR. NEECE: Dr. Berghoff, Members of the House of Delegates and Friends: It is indeed an honor to be the 108th President of the Illinois State Medical Society and I wish at this time to thank you for this privilege. While looking over the names of my predecessors which are inscribed on the gavel, many of them whose names are prominent in medical history, many of them former teachers and many personal friends, there came over me a feeling of deep humility. It is in this spirit that I approach the coming year in office. These illustrious doctors who have served as Presidents the past 107 years, whose achievements have meant so much to the scientific world, to the State and National Medical Societies, are, indeed, an inspiration worthy of emulation. I, therefore, invite your wholehearted support and valued assistance, and the help of the Council and officers to make this a progressive administration.

Our progress will rest largely upon the loyal interest of each member and not alone upon the activity

(*Continued on page* 129)

Medical Economics

The Medical Economics Committee — Chauncey C. Maher, Chmn., 6 North Michigan Avenue, Chicago, Edwin S. Hamilton, V. Thomas Austin, Emmet B. Bay, Jay McDonald Milligan, Jacob M. Mora, George Halperin, Marie Wessels, Thomas C. Browning, Roland R. Cross, Milton E. Bitter, Edwin F. Hirsch, Ford Hick, Lt. Col. MC, William J. Bryan, John R. Vonachen.

THE EXTENSION OF PATHOLOGY INTO THE MEDICAL PRACTICE OF RURAL COMMUNITIES IN ILLINOIS

Progress in many branches of medicine has impelled specialization. Because of this, examining boards have been organized by the medical profession to prove that practitioners in specialized fields have rightful claims to recognition as specialists in these branches of medical practice. The successful pursuit of a specialized practice, measured only in terms of professional skill, is determined by the demands for these services. An appreciation of the value of a specialty in medicine becomes established in lay circles through education. This usually develops through recognition by physicians in a group or community hospital that the services of such a specialist are important in elevating the quality and increasing the scope of the medical services offered. Gradually, the specialty becomes an inperative in both lay and medical circles if the improved level of medical practice is to be maintained.

Pathologic anatomy as a specialized field in medicine originated in departments of pathology in medical schools; clinical pathology began in the hospital practice of various services, especially the medical. The anatomic pathologist taught his science to medical students and demonstrated to them and his colleagues through autopsies, the changes caused in tissues by disease. By correlation of clinical symptoms and fact-finding postmortem demonstrations of disease, the diagnostic acumen of practitioners was sharpened and precise information of diseases was obtained. The system, accordingly, was accepted as important in good medical practice and postmortem examinations were not restricted to deaths where homocide was obvious or suspected. The opinion of the anatomic pathologist was sought also by surgeons who having removed a tissue, desired to know what the product of their surgery might be. The approach of the surgeon to the pathologist in this relation, while friendly, sometimes carried the implication that the surgeon possessed an interesting specimen which would add to the experience of the pathologist and by digression through these channels the surgeon obtained an opinion concerning the nature of the disease in his patient. Many projects now well established, originated through such a process of groping.

Hospitals connected with medical schools and later others, realized the need of a qualified resident or attending pathologist to whom all of this work should be delegated. Being employed by the hospital and some administrators thinking that these services are more informative to the attending physician than directly advantageous to the patient, the position of the resident or attending pathologist was considered to be outside of the dignity of the medical staff and his professional standing was rated accordingly. Clinical pathology, at first limited to urinalysis, blood counts and simple tests delegated to interns on services, grew in scope to include bacteriology, serology, the more complicated examinations in hematology, blood chemistry and parasitology. These facilities and those of anatomic pathology gradually were organized under the pathologist. Laboratory services thus grew in scope and as this continued, diagnosis of disease and therapy be-

came more dependent upon the results of laboratory examinations.

Much of the technic concerned with making the examinations in clinical pathology has been delegated to trained laboratory technicians, the clinical pathologist directing or supervising the organization and interpreting the results obtained. If trained also in pathologic anatomy, his participation in hospital services is much greater. He must be able to make thorough postmortem examinations, interpret the tissue changes observed and correlate them with the clinical data. The results should be reviewed at regular clinical pathological conferences for the benefit of the staff. The pathologist trained in pathologic anatomy is responsible also for the examination and diagnosis of tissues removed by the surgeons. In hopsitals where the routine examination of tissues removed surgically is an established practice, the advantages of such a system are well known because not infrequently this routine disclosed a disease unsuspected clinically. With the growth of specialized fields of medical practice during the past 15 years, especially in surgery, the demands in pathologic anatomy have increased and extended into widely diversified fields. This is because biopsy examinations for diagnosis have been emphasized. Technic and instruments have been devised which enable the excision of small pieces of tissues through the various orifices — the entrances and exits — of the body, and by simple surgical operations tissues are removed from parts of the body not accessible in this way. The responsibility for the diagnosis of these tissues, accordingly, is given to the pathologist, and receiving only small pieces of tissue, which most of them are, his conclusion rests with the interpretation of the microscopic structure revealed in the histologic preparations. Any program for the control of cancer, notably diagnosis and therapy, demands the services of a competent pathologist. The pathologist must complete these examinations with minimum error in diagnosis. The hazards of surgical or radiologic therapy attempting to effect a cure in the patient may be large and can result in great inconvenience or disability during life, procedures not to be undertaken without justification. Ewing is said to have remarked that the clinician is entitled to make mistakes in diagnosis but the skill of the pathologist must be developed to where his mistakes in diagnosis are reduced to the vanishing point.

Laboratories providing the personnel and technical facilities for clinical pathology and pathologic anatomy are limited usually to hospitals or private organizations in large communities. An examination of the list of certified pathologists in Illinois published by the American Board of Pathology for 1944 discloses that excluding those in the military service there are 23 qualified in clinical pathology and pathologic anatomy who practice specialties in the metropolitan area of Chicago. Five others in this area are certified in pathologic anatomy and two more in clinical pathology. Springfield, Rockford, Decatur, Peoria, and Quincy each has one pathologist certified in both branches of specialized pathology and Rockford has another certified in pathologic anatomy.

Good medical practice throughout the State of Illinois needs the services of competent pathologists. The success of any program for the control of cancer in this State depends upon the active participation of all branches of the medical profession, but for guidance in diagnosis, upon which intelligent treatment depends, the pathologist occupies a key position.

In many problems of this kind the conditions of supply and demand apply. During the war, the demands for medical care in the armed forces precluded the possibility of extending medical services in civilian practice. In many communities the practicing physician was forced to increase his hours of duty and because of his heavy load was able to provide medical care at a level which to him was only passingly satisfactory. He was unable to do more. With the return to civilian practice of physicians released from the armed forces, opportunity will come again for improving medical practice in rural and metropolitan areas. The extension of the practice of pathology as a specialty into such an expanding program of medical practice will demand satisfactory work conditions under which a pathologist can function.

A solution of this problem in rural communities is bound up with the development of a financial structure which will meet expenses but not at an exorbitant price level. From the position of the pathologist there must be sufficient work to hold his interest as well as a respectable

remuneration. The initiation of the services of a pathologist in voluntary hospitals of approximately 200 beds often results from the motivating interest of the medical staff and its demand for these facilities. When arrangements are discussed with a prospective pathologist by the authorized representative of the hospital, naturally the budget requirements for this project weigh heavily. Accordingly, work conditions for the pathologist are proposed frequently which aim to restrict him in salary requirements, laboratory space and equipment, facilities for expanding the services, indifference to his professional status in the hospital staff, and even binding him by contract to a position where his services are expected to bring excessive financial returns to the hospital. In voluntary hospitals of smaller bed capacity, the development of pathological services is even more difficult. With understanding on the part of all parties concerned, facilities can be established in several of these smaller hospitals by sharing a pathologist under satisfactory work relations. The lack of pathologists in rural communities where either of these methods is not possible may initiate a plan similar to that practiced in Montgomery County of New York. The Montgomery County Laboratory is not a state laboratory, but is entirely under county control. The expenses are paid jointly by the county and the state. The intention of this plan is to encourage counties to supply laboratory service in communities too small to support the private practice of a pathologist and too distant from large centers to utilize facilities established there. By a combination of public health, hospital, medio-legal and other laboratory functions in one laboratory, sufficient work and interest can be organized to occupy the full time of a pathologist. Important in such programs is the thorough support of the local medical profession. By growth initiated through such channels, the pathologist may attain gradually complete independence or will enter into services connected with voluntary hospitals.

The opportunity of the pathologist for service in these circles is large. By courteous professional relations with his colleagues, he increases his value to the hospital staff and community; through individual consultation and organized clinical-pathological conferences with the practicing physicians he spreads the teaching of good medical practice; by zeal in improving the services of the laboratory, he wins the respect of his professional and lay associates; and in programs for the control of cancer in the state his opinion is valued in diagnosis, therapy, and prognosis.

E.F.H.

HOUSE OF DELEGATES
(Continued)

of the officers and Council. No matter how noble their intentions, your administration body is but a servant body working at your command. We must all be prepared to guard well our medical traditions. We cannot rest upon our scientific and humanitarian achievements and allow them to drift. This is your Society, what does it mean to you?

This assignment carries with it a great responsibility due to present disturbed times and binding obligations which I realize will demand the best in me. As I take over this gavel from my good friend, Dr. Berghoff, who has served so efficiently and so well and has given so much of himself to this important assignment, I trust that it will be used only to call together this august body. This is not time for speech making. My report as President-Elect published in the Handbook shall constitute my inaugural address. I wish to again thank you most heartily for honoring me with this high office.

THE PRESIDENT: If there is no further business, I will entertain a motion for adjournment.

DR. OSCAR HAWKINSON, Chicago: I move we adjourn. (Motion seconded by Dr. Lee O. Frech, Decatur, and carried).

The House adjourned *sine die* at 12:40 P.M.

PHYSICAL MEDICINE (Continued)

good standing with the American Medical Association. In addition to the scientific sessions, the annual instruction courses will be held Sept. 2, 3, 4 and 5. These courses will be open to physicians and the therapists registered with the American Registry of Physical Therapy Technicians. For information concerning the convention and the instruction course, address the American Congress of Physical Medicine, 30 North Michigan Avenue, Chicago 2, Illinois.

News of the State

PERSONALS · COMING EVENTS · MARRIAGES · DEATHS

BUREAU COUNTY

Society News.—The Bureau County Medical Society devoted its meetings at the Perry Memorial Hospital in Princeton, July 1, to discussions by its members of the Annual Meeting of the Illinois State Medical Society and the American Medical Association Centennial meeting in Atlantic City. Dr. Raymond E. Davies, Spring Valley, is secretary.

CARROLL COUNTY

Edmund Flexman Honored.—According to the Journal of the American Medical Association, The Bronze Star Medal has been awarded to Capt. Edmund A. Flexman, M.C., A.U.S.., of Milledgeville, Ill. The citation read as follows: He performed meritorious service from March 13 to March 22, 1944 while engaged in an extensive typhus control program in areas infested by a particularly virulent strain of scrub typhus mite on Goodenough Island in the Southwest Pacific. Realizing the risk he ran in fighting this little understood disease of high mortality rate, he nevertheless vigorously completed the epidemiologic work entailed in controlling an epidemic on the island. He made valuable recommendations to the Surgeon General for use in combating typhus fever. Captain Flexman's work is a distinct credit to himself and to the Army Medical Corps. Dr. Flexman graduated from the University of Illinois College of Medicine in 1938 and entered the military service in October 1942.

CLINTON COUNTY

Dr. Bauer Honored.—Dr. John A. Bauer of Germantown, Illinois, who graduated from the Beaumont Medical College now St. Louis University at St. Louis, in 1897, was the guest of honor at the meeting held March 7, 1947. Dr. Andy Hall of Mount Vernon, Illinois, President of the Fifty Year Club of the Illinois State Medical Society, presented Dr. Bauer with a certificate and a gold button in recognition of his fifty years of practice of medicine in the state of Illinois. Dr. Carl A. Powell, St. Louis, Mo., was guest speaker. Thirteen of the fifteen mmbers of the Clinton County Medical Society were also present. Dr. Bauer has been a continuous member of the County and State Medical Societies since 1899. A billfold was presented to him by the members of the Society.

COLES-CUMBERLAND COUNTIES

New Hospital Proposed.—The Coles-Cumberland Counties Medical Society adopted a resolution recently supporting the construction of a new general hospital for the Mattoon area. The general hospital committee sponsoring the new unit were guests at the society's meeting.

COOK COUNTY

Fiftieth Year Reunion at Northwestern.—Five members of the 1897 class of Northwestern University Medical School were awarded certificates in the university alumni association's Half Century Club on June 16, at a luncheon in Thorne hall on the Chicago campus. Members of the class, all practicing physicians, who returned for the fiftieth anniversary of their graduation, were Dr. James H. Davis, Carlinville, Dr. Solon Marx White, Minneapolis; Dr. Thomas H. Marsden, Fennimore, Wis.; Dr. Paul F. Morf, 645 Fullerton Parkway, Chicago; and Dr. Albert J. Roberts, Ottawa. Members of the 1892 class, who attended the luncheon, were Brig. Gen. Samuel C. Stanton, 5933 Circle Avenue, (United States army, retired); Dr. Paul C. Boomer, 1448 Lake Shore Drive, Chicago; Dr. Berton W. Hole, Springfield; Dr. Henry D. Steele, Princeton, and Dr. Edward S. Stewart, Plainfield.

Dr. Vail Receives Legion of Merit.— Dr. Derrick T. Vail, professor of ophthalmology at Northwestern University, and Consultant to the Army Medical Department was recently awarded the Legion of Merit for "outstanding services" as Senior Consultant in Ophthalmology in the European Theater. The presentation was made by Major General Paul R. Hawley, now Chief Medical Director of the Veterans Administration, who was Chief Surgeon of European Theater of Operations during the war.

"In addition to establishing and maintaining a singularly high standard for the treatment and supervision of ophthalmological cases", the citation

stated, "Colonel Vail demonstarted excceptional qualities of adaptability and a thorough professional knowledge by encouraging the adoption of many improvements, resulting in the conscrvation of time and manpower.

"His whole-hearted interest", the citation continucd, "in the rehabilitation and care of blinded American soldicrs, his keen foresight, and exceptional devotion to duty reflect the highest credit upon himself and the Armcd Forces of the United Statcs."

The citation covers the period from Octobcr 5, 1942 to October 14, 1944, whcn Dr. Vail, then Colonel Vail, served in ETO headquarters as Senior Consultant in Ophthalmology.

Personal.—Dr. Paul R. Cannon, Chicago, was included among the speakers at a conference on conservation, nutrition and human health at the Ohio University, Athens, June 28-29. Dr. Cannon addressed the conferencc, sponsored by the Friends of the Land in cooperation with the University, on "Building Stones of Health." — Dr. Alvin G. Helwig, Chicago, retired on June 22, as a police surgeon, to devote his entire time to private practice. Dr. Helwig had been police surgeon for thirty-seven years. — On June 10, Dr. Robert S. Berghoff, Chicago, past president of the Illinois State Medical Society, because of pressure of other activities had to refuse an invitation from Rear Admiral Fredric L. Conklin, medical officer of the Ninth Naval District, Great Lakes Training Station, to participate in a three-day cruise as guest of the U. S. Navy. The cruise was to begin on June 24. The trip was to have included ten physicians and was to have been personnally conducted by Rear Admiral Conklin.

Fifty Year Reunion of Rush Medical College Class.—On May 24, a reunion of the Rush Medical College Class of 1897, was held at the University Club. Of the sixty-seven members who are still alive, the following were present at the dinner: Evert H. Adams, Quimby, Ia.; J. Frank Aldrich, Shenandoah, Ia.; Maynard A. Austin, Anderson, Ind.; Richard J. Bedford, Oneida, Ill.; Frank F. Bowman, Madison, Wis.; Robert S. Carroll, Asheville, N. C.; Harlow O. Casewell, Fort Atkinson, Wis.; Carroll Eugene Cook, Chicago, Ill.; George H. Fellman, Milwaukee, Wis.; Frank H. First, Rock Island, Ill.; Mark O. Fisher, Parkersburg, W. Va.; William H. Folsom, Fond du Lac, Wis.; Leon W. Hyde, Astoria, Ore.; Henry Klein, Chicago, Ill.; James W. Lehan, Greeley, Colo.; William E. Maley, Galesburg, Ill.; George H. Miller, Chicago, Ill.; Albert L. Parks, Omaha, Neb.; Frederick H. Rollins, St. Charles, Minn.; Raymond G. Scott, Geneva, Ill.; Fletcher L. Strauss, Chicago, Ill.; Enoch P. Webb, Beaver Dam, Wis.; Alonzo M. Wheeler, Oak Park, Ill.; William B. Whitaker, Chicago, Ill.; Nelson M. Whitehill, Boone, Ia.; and Stephen G. Wright, Chicago, Ill.

Branch Meetings.—Dr. Jules Masserman, Chicago, addressed the North Suburban Branch of the Chicago Medical Society May 12 on, "The Relationship of Neurosis to Alchoholism." The Southern Cook County Branch was addressed May 20 by Doctors Walter J. Reich, and Mitchell J. Nechtow on "Abdominal and Vaginal Hysterectomy." The North Shore Branch was addressed May 6, by Dr. Robert C. Bassett, Department of Neurosurgery, University of Michigan, on "Surgical Treatment of Hypertension" and Dr. Gilbert Marquardt, Department of Medicine, Northwestern University, on "Medical Treatment of Hypertension."

Herbert Worley Kendell Joins Illinois Faculty.—Dr. Herbert Worley Kendell, Dayton, O., Baruch fellow in physical medicine Massachusetts Institute of Technology, joined the University of Illinois College of Medicine recently as head of the department of physical medicine. The department which was previously established by the University board of trustees represents a combination of the departments of physical therapy and occupational therapy. Dr. Kendell attended Covington high school and Ohio State university, and received his B.M. and M.D. degrees from the University of Cincinnati medical school. He is a member of the American Medical Association, a fellow of the American College of Physicians, American Rheumatism Society, the the American Society of Clinical Pathologists, and the Society of the Physical Medicine Physicians, and president elect of the American Congress of Physical Medicine. The 40-year old physicist joined the staff of Miami Valley Hospital at Dayton, O., in 1934, and was promoted to head of the department of physical medicine six years later. He also served as director of the Kettering Institute of Medical Research at the hospital in 1941-42. In 1942, he assumed duties as medical director of the Chicago Intensive Treatment Service, U.S.P.H.S., where he remained for three years. In 1944-45, he was an associate in the department of physical medicine at Northwestern university. Prior to his fellowship at M.I.T., Dr. Kendell served as medical director of the State Fever Therapy Unit and Brookhaven Medical Center at Brookhaven, Miss.

Memorial to Frederick Moorehead.—The Alumni association of the University of Illinois College of Dentistry is planning to establish a suitable memorial to the late Frederick B. Moorehead, Chicago, former dean of the college. Dr. Moorehead also held the M.D. degree, graduating at Rush Medical College in 1906. According to the Faculty Newsletter of the University of Illinois, the type of memorial to be created will depend upon the response to the solicitation for contributions to the fund which are being collected by Robert I. Humphrey, D.D.S., treasurer of the Moorehead Memorial committee.

Harold Wiggers Goes to Albany.—Harold C. Wiggers, Ph.D., has accepted a position as head of the department of physiology and pharmacology at Albany Medical College, an affiliate institution of Union University. Dr. Wiggers' appointment was announced by Carter Davidson, chancellor of the New York school. Dr. Wiggers has served as associate professor of physiology at the University of Illinois since 1943. He has done extensive work in the fields of electrophysiology, auditory phenomena, coronary circulation, cardiodynamics, ovulation potentials, and bio-electric phenomena. He assumed his new duties on July 1. A native of Ann Arbor, Mich., Dr. Wiggers received his bachelor of arts degree from Wesleyan University in 1932, and his doctor of philosophy from Western Reserve University in 1936.

Appointments at Illinois.—Appointment of three staff members, Drs. Philip Shambaugh, Chicago, William H. Requarth, Washington, D. C., and Leslie R. Grams, Chicago, to the University of Illinois College of Medicine faculty has been announced by Dr. John B. Youmans, dean. Dr. Shambaugh and Dr. Requarth have been appointed as clinical assistants in surgery, while Dr. Grams will serve as a clinical instructor in pathology. Dr. Shambaugh, a native of Chicago, is a graduate of Amhurst College and Harvard Medical School. He has been in private practice since 1937, and formerly held an appointment as an associate in surgery at Northwestern Medical School. Dr. Requarth, named to a half-time postion, attended high school at Decatur, and later attended Millikin University and the University of Illinois. He served for five years as a medical officer with the U. S. Navy, and has been associated with Cook County hospital as a resident in surgery since his release from active duty. Dr. Grams, a native of Minot, N. D., graduated from the University of Minnesota medical school in 1936. Following four years service with the U. S. Army, he assumed duties as a pathologist at Englewood and Roseland hospitals.

Ole C. Nelson Observes Anniversary at County Hospital.—Dr. Ole C. Nelson, Chicago, medical director of the Cook County Hospital, on June 20 observed his thirty-sixth anniversary of his appointment to the hospital staff. After joining the hospital in 1911 as a clerk, Dr. Nelson carried on the study of medicine graduating at Chicago Medical School in 1920. He has been medical director of the county hospital for the last eleven years.

New Building for Cancer Research.—Plans are under way to erect a laboatory building at the University of Chicago to be know as the "ion accelerator building," at 5600-28 Ellis Avenue. It is planned to construct a one story building to house two cyclotrons and a betatron for use by the institutes of nuclear studies (physics and chemistry) and radiobiology and biophysics. The institutes were organized to carry on basic research in atomic energy and are an outgrowth of research conducted during the war which led to the development of the atomic bomb. According to press reports, the research work of the institute of radiobiology and biophysics is devoted entirely to the understanding and application of atomic energy to biological problems. Although the use of the these instruments in the treatment of cancer is still in the experimental stages, high hopes are entertained that they will prove of great value in cancer research and in the treatment of this disease.

Library Named for Edward Troy.—The medical library at the Municipal Tuberculosis Sanitarium was dedicated recently to the late Dr. Edward P. Troy, Chicago, former superintendent of clinics. Dr. Troy died last December 11. Dr. David J. Davis, chairman of the M.T.S. board of directors, said the library would carry Dr. Troy's name in recognition of his long service to the M.T.S. and the "many hours he devoted to reading medical books and journals in preparation of papers for medical meetings."

Limited Student Admission at Illinois.—Because of limited classroom and hospital clinical facilities and inadequate housing, the University of Illinois colleges of medicine, dentistry, and pharmacy will have to deny admission to four out of every five highly qualified applicants this fall, Dr. Andrew C. Ivy, vice president for the Chicago professional colleges, announced June 25, 1947, according to the Chicago Tribune.

He said the university will be unable to enroll 1,483 qualified freshman for the 1947-48 school year. Dr. Ivy added that 1,844 qualified new students had sought to enrol at the Chicago colleges, but that limited facilities and housing prevented their acceptance by the colleges.

Only 166 of 719 applicants from the state of Illinois can be accepted by the college of medicine, Dr. Ivy said. He pointed out that all of the medicine applicants have compiled averages of 85 per cent or better for the three-year pre-medical course and that 100 candidates who must be rejected have an average of 90 per cent or better.

Dr. Ivy said the university has only 1.6 hospital beds per student at the present time and that four hospital beds per students are considered necessary for the junior and senior years of medical education.

Many qualified students also will have to be denied admission to the colleges of dentistry and pharmacy.

Only 70 of 530 qualified appplicants, or one out of seven, can be enrolled for the fall term in dentistry. These applicants have compiled averages of 80 per cent or higher for two years of college work.

New Superintendent of Wesley Hospital.—Ralph M. Hueston, superintendent of Hurley Hospital, Flint, Mich., since 1936 has been appointed to a similar position at Wesley Memorial Hospital, Chicago, it was announced June 21. The selection fills

the position of superintendent at Wesley Memorial, which has been vacant since the death on March 28 of Mr. Edgar Blake, Jr. Before coming to Flint, Mr. Hueston served as superintendent at Silver Cross hospital, Joliet; Austin hospital, Chicago; and Galesburg Cottage hospital, Galesburg, Ill. He is a native of Keokuk, Ia.

Faculty Retirements at Illinois.—The University of Illinois College of Medicine announced the retirement effective September 21 of the following members of its faculty: William H. Welker, Ph.D., head of the department of biological chemistry, who has completed thirty-four years as a member of the teaching staff and head of the department of biological chemistry since 1931. Four other members of the college of medicine faculty also will retire. They are: Dr. Dietrich Klemptner, an associate in medicine who joined the University faculty in 1928. Dr. Klemptner received his doctor of medicine degree from University Dorpat, Russia; Dr. Herman L. Kretschmer, clinical professor of urology, who has been a member of the University faculty since 1941, is a graduate of Northwestern University Medical school; Dr. Charles H. Phifer, clinical professor of surgery, a graduate of the College of Physicians and Surgeons of Chicago in 1902, who taught at Illinois since 1913, and Dr. Kellogg Speed, clinical professor of surgery, who joined the staff in 1941 when Rush Medical College affiliated with the University of Illinois. He is a graduate of Rush.

Following his retirement from actual teaching, Dr. Welker plans to complete research in cancer which he is currently conducting. He also will serve as consultant to the university's allergy unit, started in January, 1946, to provide comprehensive training for physicians in the field of allergy.

Symposium in Tuberculosis.—The Chicago Tuberculosis Society and the Tuberculosis Institute of Chicago and Cook County devoted its meeting April 10 at the Bismarck Hotel to a symposium on recent developments in the tuberculosis problem in Chicago. Among the speakers were: Dr. James H. Hutton, Chairman of the Tuberculosis Control Committee of the Chicago Medical Society; Mr. W. P. Shahan, Executive Secretary of the Illinois Trudeau Society; Dr. Arthur W. Newitt, Chicago Tuberculosis Control Officer; Dr. Earl E. Kleinschmidt, Director of the Tuberculosis Institute of Chicago and Cook County, Secretary of the Board of Directors of the Chicago Municipal Tuberculosis Sanitarium.

Warren Furey Installed as President.—Dr. Warren W. Furey, 104 South Michigan Avenue, was installed as president of the Chicago Medical Society at the annual dinner meeting of the Society, June 18, succeeding Dr. Malcolm T. MacEachern, Associate Director of the American College of Surgeons. Dr. J. Roscoe Miller, dean of Northwestern University Medical School, is president-elect and chairman of the council of the Chicago Medical Society, and Dr. Willard O. Thompson, 700 North Michigan Avenue, is secretary.

Winners of Essay Contest.—Dr. Steven O. Schwartz and Dr. Berthe E. Armstrong of the Hektoen Institute for Medical Research of the Cook County Hospital, Chicago, are the winners of the 1947 Mississippi Valley Medical Society Essay Contest, "for the best unpublished essay on a subject of practical and applicable value to the general practitioner of medicine." Drs. Schwartz and Armstrong wrote on "Treatment of Iron Deficiency (Hypochromic Anemia". They will receive a cash award, a gold medal and certificate of award, and will present their essay at the Twelfth Annual Meeting of the Mississippi Valley Medical Society to be held at Burlington, Iowa, October 1-3. Their paper will appear in the January 1948 issue of the Society's official publication, the Mississippi Valley Medical Journal.

Lester Dragstedt Succeeds Dr. Phemister as Chairman of the Department.—Dr. Lester R. Dragstedt, Chicago, professor of surgery since 1930, University of Chicago School of Medicine, has been appointed chairman of the department to succeed Dr. Dallas B. Phemister, Thomas D. Jones professor and chairman of the department of surgery. Dr. Phemister, who has reached the university's automatic retiring age, will continue to work at the university as Thomas D. Jones professor emeritus in the department he organized twenty-two years ago.

Forty years in clinical surgery, teaching and investigation, Dr. Phemister is internationally known for his almost revolutionary advances of modern surgery.

His research, including studies of bone pathology and physiology, the cause and treatment of surgical shock, the calcification of gall stones, and the development of surgical techniques, ranging from orthopedics to cancer of the esophagus, has contributed directly to the development of present-day surgery.

A graduate of Rush Medical School (1904), Dr. Phemister studied in Paris, Berlin, London, and Vienna, practiced in Chicago, and served as an army surgeon behind the lines of the battles of the Argonne, Chateau Thierry, St. Miel, and Champagne. In 1925, he became head of the department of surgery in the new medical school at Albert Merritt Billings Hospital at the University of Chicago.

Dr. Dragstedt, whose vagotomy operation for gastroduodenal ulcers, discovery of lipocaic, and studies on function of the pancreas are milestones in surgery, came to the university in 1921 as assistant professor of physiology. In 1925, he was made an associate professor of surgery, and in 1930, professor of surgery.

A graduate of the University of Chicago, Dr. Dragstedt received his bachelor of science in 1915, his master's degree in 1916, his doctor of philosophy

in 1920, and his doctor of medicine in 1921 from Rush Medical College. He served in the United States army in 1918-19.

He is a founder of the American Board of Surgery, and a member of the American Surgical Association, American Society for Clinical Surgery, American College of Physicians, American Physiological Society, American Gastro-Enterological Association, and the American Society for Study of Internal Secretions.

Course in Allergy.—Dr Samuel M. Feinberg, Chicago, presented a course in allergy for graduate students at the University of Nebraska College of Medicine, Omaha, May 22-23. He also presented a similar course at the University of California Medical School, San Francisco, July 10-11.

University News.—Robert Bouer, Chicago, has been elected president of the senior class of the University of Illinois College of Medicine for the 1947-1948 school year. William Shamhart, Martinez, Calif., has been chosen as vice-president with Fern Rusterberg, Chicago, secretary, and Richard Goldstein, Kansas City, Mo., treasurer. The student council will be composed of Carl D. Berry, Winnetka, Robert A. Green, Brooklyn, N. Y., and Bessie Lendrum, Chicago. William Faragham, Philadelphia, Pa., will serve as alternate.

Talks by Dr. Perlstein.—Dr. Meyer A. Perlstein, Chicago held four cerebral palsy clinics for the Kalamazoo Society for Crippled Children, May 19-20. He also addressed the Rotary Club, the Parents Club, and the Kalamazoo Institute of Medicine. On May 28, he spoke before the Capitol Society for Crippled Children in Springfield. On June 7, he spoke before the Cook County Nurses Association on "Convulsions", and on the "Progress in Cerebral Palsy" before the Summer Institute of the National Society for Crippled Children and Adults.

Andrew Ivy Again Goes to Nuermberg.—Dr. Andrew C. Ivy, vice president, Chicago Professional Colleges, University of Illinois, left early in June for Nuermberg, Germany, to serve as advisor at the trials of Nazi doctors charged with crimes of a medical nature. Dr. Ivy, famed physiologist, will serve as a special consultant to the Secretary of War. At the conclusion of the trials, he may serve as a rebuttal witness. The head of the University's professional colleges and hospitals in Chicago has made two previous trips to Nuermberg. He served as the United States representative on an international commission which investigated Nazi human experiments last July. In December, he testified on the ethical principles of medical investigations, studies, and experiments conducted by Nazi doctors on trial.

Society Elections.—The Chicago Pediatric Society has elected the following officers for 1947-1948: Dr. H. William Elghammer, Chicago, president; Dr. John L. Reichert, Chicago, vice president; Dr. Alvah L. Newcomb, Winnetka, Ill., secretary, and Dr. Craig D. Butler, Oak Park, Ill., treasurer. —At the ninetieth annual meeting of the Chicago Academy of Sciences, May 12, Dr. Nathan Smith Davis was reelected president; William F. Henderson, Ph.D., and Leslie Arey, Ph.D., vice presidents. —New officers of the Chicago Urological Society include Dr. Irving J. Shapiro, president; Dr. James I. Farrell, vice president, and Dr. James W. Merricks, secretary-treasurer.—On May 26 the Chicago Society of Internal Medicine elected the following officers: Dr. Henry T. Ricketts, president; Dr. George H. Coleman, vice president, and Dr. Ernest G. McEwen, secretary-treasurer.—Dr. Herbert E. Schmitz was chosen president-elect of the Chicago Gynecological Society at its meeting June 20 and Dr. Aaron E. Kanter was installed as president. Other officers chosen at this time include Dr. Philip Schneider, vice president; Dr. Edward M. Dorr, secretary; Dr. Matthew J. Kiley, editor; Dr. Arthur K. Koff, pathologist, and Dr. M. P. Urnes, treasurer.

Society News.—Dr. Ulysses Grant Dailey delivered the Cheatham Lecture of the Mound City Medical Forum at St. Louis, March 26, 1947, on "Cancer of the Stomach, Its Diagnosis and Treatment."—Dr. Stanley Fahlstrom, Chicago, addressed the Dubuque County Medical Society, Iowa, April 8, on "The Medical Management of Arthritis."—Dr. Cecil J. Watson, professor of medicine, University of Minnesota Medical School, Minneapolis, will address the Chicago Society of Internal Medicine at the Palmer House, October 24, at 8:00 p.m., on "Some Aspects of the Porphyrin Problem in Relation to Disease."—The Chicago Gynecological Society was addressed May 16, by Dr. Robert A. Kimbrough, Jr., Philadelphia, on "Plan of Treatment and Results in Carcinoma of the Cervix." The discussion was carried on by Dr. Herbert E. Schmitz and Dr. Eugene A. Edwards.—Speakers at the Chicago Society of Allergy meeting of May 19, included: Dr. Elmer L. Becker, University of Illinois Medical School on "Quantitative Studies in Skin Testing", Dr. Michael Zeller on "Sensitivity to Gold Potassium Cyanide Treated with B.A.L." and Drs. Helen Davis and William Mowry, Madison, Wis., on "Preliminary Report on a New Antihistamine Drug N U 1504."—Dr. Philip Thorek, Chicago, addressed the Chippewa County Medical Society, Chippewa Falls, Wisconsin, June 5, on "The Acute Surgical Abdomen", and presented a movie on "Transabdominal Vagotomy with Gastroenterostomy." Dr. Michael Indovina, Chicago, gave a paper on "New Features of X-Ray Work" and showed a movie on "Contact Therapy."—Dr. John F. Pick, Chicago, addressed the American Otorhinologic Society, June 11, at the Hotel Mayflower in Atlantic City, on "Plastic Otorhinologic Surgery."

Psychoneurotic Patients Aided by Gas Treatment. —Alcoholics, stammerers, and a variety of other psychoneurotic patients are being "gassed" back

to normal lives at the University of Illinois College of Medicine, according to the Faculty Newsletter June 1. The gas treatment has achieved relief for about 50 per cent of the 75 patients who have been placed under the care of Dr. Ladislas J. Meduna, Chicago, associate professor of psychiatry, since the study of the technique was started at the medical school three years ago. Dr. Meduna has revealed that the gas, consisting of a mixture of 30 per cent carbon dioxide and 70 per cent oxygen, has been administered "with good results" to persons suffering from chronic alcoholism, tension, hysteria, stammering, stuttering, spastic colitis, and other forms of emotional instability. Dr. Meduna, a graduate of the University of Budapest, Hungary, said that the treatment is simple. The patient lies on a cot and takes from 15 to 35 sniffs of the gas through a mask which is placed over the nose. Following inhalation of the vapor, the patient emerges quickly from the artificial sleep and is able to depart for home without any ill effects. "The gas seems to have a double effect," Dr. Meduna disclosed. "One effect is the sleep it produces. The other effect is that of the gas itself. Tension in the brain structures that are over-tense is lowered, and structures that lack normal tension are stirred to action to restore normal functional balance."

Four treatments are given weekly, and continue as long as necessary. Records show that one patient responded to treatment in five weeks, while the longest case required 30 weeks Four patients were pronounced cured after they submitted to the new gas therapy.

DEWITT COUNTY

Personal.—Dr. Sidney A. Sinow, Clinton, has moved his office from the north side of the square to the 200 block on East Main Street.—Jack Pearl and Francis Nash, two Clinton boys, have graduated in medicine this year and are entering a hospital in St. Louis to serve their internship.—Dr. Frederick M. Blome, Kenney, and his wife, recently spent a month's vacation in Michigan.

Hospital News.—Provisions have been made for nine additional patients at the Dr. John Warner Hospital, Clinton. The hospital has been operating to full capacity and the addition has been a great convenience to the local physicians.

FORD COUNTY

Personal.—Dr. G. M. Noble has opened an office for the practice of general medicine in association with Drs. Seeley B. Furby and R. L. Kenward. The address is 111 North Market, Paxton.

HANCOCK COUNTY

Society Election.—Dr. Irving W. Salowitz, Plymouth, was elected president of the Hancock County Medical Society recently for his fourth consecutive term. Dr. Wentworth L. Irwin, Plymouth, a past president of the society, was elected to the board of directors. Dr. Blair Kelly, Ferris, was named secretary-treasurer.

JEFFERSON COUNTY

Personal.—Dr. Moss Maxey, Mount Vernon, recently completed fifty years in the practice of medicine. Dr. Andy Hall, Mount Vernon, presented the "Fifty Year" emblem of the Illinois State Medical Society to Dr. Maxey.

KANKAKEE COUNTY

Personal.—Dr. William Grossman has resigned from the staff of Manteno State Hospital to resume private practice in Chicago. Dr. Walter Kirschbaum, pathologist, also has resigned from the Manteno staff to enter private practice in Chicago.

LEE COUNTY

Personal.—Dr. Warren G. Murray, Dixon, superintendent of Dixon State Hospital, recently completed twenty-five years in the position. Dr. Murray graduated at Ohio State College of Medicine, Columbus, serving his interneship at the Springfield City Hospital in Ohio. In 1908 he became associated with Dr. Frank Garm Norbury, who urged him to accept a position at Kankakee State Hospital. He took the assistant superintendent's examination in 1916 and after serving on the staff at Jacksonville State Hospital, was assigned to Dixon as assistant superintendent in 1920. He remained at Dixon until his appointment as superintendent in 1922. For two years, while at Dixon, he held classes in medical jurisprudence at the University of Illinois College of Medicine, Chicago. He is president of the American Association on Mental Deficiency, a national organization of 1,300 members.

MACON COUNTY

All-Day Conference.—The Macon County Medical Society held an all-day conference at St. Mary's Hospital, June 26. The morning session was devoted to operative and fracture clinics and a motion picture on "Fracture of the Hip." The afternoon session included a clinical pathological conference and a Dry Clinic on Gastro-Enterology by Dr. Bruce D. Kenamore, Director of Gastro-Intestinal and Gastroscopic Clinics, Washington University School of Medicine, St. Louis. In the evening Dr. Kenamore gave the banquet address on "Protein Hydrolysates in Treatment of Peptic Ulcer."—Dr. Stanton G. Smith has been appointed chairman of the Cancer Advisory Committee of the Macon County Medical Society succeeding Dr. Raymond A. Tearman, who resigned to engage in the practice of surgery in Munising, Michigan. Other members of the committee are Dr. Gabriel B. Kramer, Dr. John E. Madden, and Dr. Arthur L. Ennis. Dr. Forrest R. Martin is president of the Macon County Medical Society. At the general meeting of the society it was voted that the clinic sessions should be alternated between Decatur and Macon County Hospital and St. Mary's Hospital.

Personal.—Dr. Forrest R. Martin, Decatur, president of the Macon County Medical Society, has been appointed a member of the board of directors of the Macon County Tuberculosis Sanatorium, succeeding Dr. Cecil M. Jack who resigned June 10.

Dr. Martin served for six years as acting superintendent of the Sanatorium. Dr. Jack was one of the original members of the board, having served twenty-two years. He played a major part in the establishment of the sanatorium. Dr. Jack told the board that he "felt he had served long enough". The fact the board had operated for so many years without incurring deep indebtedness was pointed out by the doctor as a highlight in the history of the organization.

Cancer Diagnostic Clinic.—The formation of a Cancer Diagnostic Clinic, voted by the Macon County Medical Society, is proceeding under the direction of the Society's Cancer Advisory Committee with the assistance of the American Cancer Society and its field supervisor, Miss Mary Askew. Tentative plans call for location of the clinic in the out-patient department of Decatur and Macon County Hospital. The clinic would be in session one morning a week at such a time as 8:30 to 9:30 A.M. on Thursdays. It is required to have a medical director chosen from the medical society with voluntary participation of all members of the society in accordance to their professional interests or specialized field.

Meanwhile the campaign for fund raising by the Macon County chapter is proceeding under the direction of Don K. Kissinger and has a goal of $20,000. The educational campaign has been put into motion by Mrs. Edwin K. Scheiter. At the first meeting John A. Wagner was elected chairman of the local chapter. A Cancer Information Service and local headquarters has opened its doors in the space next to Houran's Florists on North Water Street.

MADISON COUNTY

Personal.—Dr. Robert W. Binney, Granite City, was guest of honor at a dinner given by the Tri-Cities Medical Society in East St. Louis, June 17, given in recognition of his completion of fifty years in the practice of medicine. He was presented with numerous gifts and a bronze plaque.

Society News.—Dr. Arthur W. Neilson, St. Louis, addressed the Madison County Medical Society on "Penicillin Treatment of Syphilis" at its meeting in Godfrey, July 3. Dr. Justin J. Cordonnier, Instructor of Urology, Washington University School of Medicine, St. Louis, addressed the society at the Troy High School, Troy, June 6, on "Urinary Calculus."

MCLEAN COUNTY

Society News.—Dr. Nathaniel S. Apter, assistant professor of psychiatry, University of Chicago School of Medicine, addressed the McLean County Medical Society at the Illinois Hotel, Bloomington, June 10, on "Impaired Cerebral Functions in Chronic Brucellosis."

PEORIA COUNTY

Sandor Horwitz Entertains Classmates.—Six members of the 1895 class of Missouri Medical college, now Washington University School of Medicine, St. Louis, were entertained by Dr. Sandor Horwitz, Peoria, recently. Members included Dr. Robert J. Terry and Dr. Robert E. Schlueter, St. Louis; Dr. Abram T. Quinn, St. Louis; Dr. Newton T. Enloe, Chico; and Dr. Charles G. Ahlbrandt, Kirkwood. Newspapers reported that of the sixty-two graduates of the 1895 class, nineteen are still living and eleven are still in active practice.

Society News.—Dr. Myron D. Miller, Washington, D. C., Tuberculosis Control Division, U. S. Public Health Service, discussed "Recent Developments in Management and Control of Tuberculosis" before the Peoria Medical Society, May 20.

Information Service on Cancer.—The Council of the Peoria Medical Society has approved a cooperative program with the Peoria County Chapter of the American Cancer Society whereby the latter is establishing an information and educational service. An office is to be opened in the Jefferson Building under the direction of Frances Brown, R.N. No professional advice will be given and no attempt at diagnosis will be made. Individuals will be advised to consult their own physician; if they have no private physician, they may select one from the roster of Society members willing to participate in the program.

RANDOLPH COUNTY

Six Counties Hold Session.—The Sixth County Medical Society held a meeting July 24 at the Belvidere Club, two miles west of Steeleville. The speaker was Dr. Andrew B. Jones, St. Louis, on "The Psychoneurosis and Mild Psychosis." The Randolph County Medical Society was host to the group which includes Perry, Jackson, Union, Williamson, and Franklin Counties. Dr. Abbott C. Scott is president of Randolph County and Dr. Willard W. Fullerton is secretary. Dr. Grover C. Otrich, Belleville, is councilor of the district.

ROCK ISLAND COUNTY

Society News.—"Recent Advancement in the Treatment of Blood Diseases" was the subject of Dr. Willis Fowler, professor and head of the department of internal medicine, University of Iowa College of Medicine, Iowa City, before the Rock Island County Medical Society, May 20.

SANGAMON COUNTY

Society Election.—Dr. Kenneth H. Schnepp, Springfield, was elected president of the Sangamon County Medical Society at a dinner meeting at the Hotel Abraham Lincoln, June 5. He succeeds Dr. Frank M. Davis. Other officers include: Dr. George Fleischli, vice president; Dr. William DeHollander, re-elected secretary-treasurer; Dr. Henry Berchtold, member of the board of censors, and Dr. Darrell H. Trumpe and Dr. J. E. Reisch, delegates to the 1948 convention of the Illinois Medical Society, and Dr. Howard L. Penning and Dr. J. M. Salzman, alternates.

ST. CLAIR COUNTY

Personal.—Dr. Charles Henry Shumaker, O'Fallon, returned to active practice June 1. Dr. Shumaker has been ill for two years. He will return to practice in his office in the Bechtold building.

WHITE COUNTY

Society Election.—Dr. Julius G. Harrell, Carmi, was elected president of the White County Medical Society recently. Dr. John A. Legier was elected vice president and Dr. Richard S. Loewenherz was elected secretary-treasurer.

WILLIAMSON COUNTY

Personal.—Dr. Donald E. Robinson, Carbondale, has been appointed superintendent of the Southern Illinois, Inc., Hospital in Herrin, succeeding Dr. Clinton E. Hart, Zeigler, who has entered private practice.

WINNEBAGO COUNTY

Society News.—Dr. Paul P. Cannon of the University of Chicago School of Medicine addressed the local chapter of the Sigma Xi at Talcott Hall, Rockford College, May 12. His subject was the "Newer Advances in Nutrition." The meeting was a joint one with the Winnebago County Medical Society.

Past President Honored.—Dr. Emil Lofgren, former health commissioner of Rockford and past president of the Winnebago County Medical Society, was honored at a testimonial dinner by the Society recently. Dr. Lofgren has practiced medicine in Rockford since his graduation at Northwestern University Medical School, in 1901. Dr. Lofgren was presented with a pen and pencil set by Dr. F. A. Turner on behalf of the Society. Dr. Lofgren is seventy-three years old.

GENERAL

Heart Association Chooses New Officers.—Dr. Harry A. Durkin of Peoria has been elected president of the Illinois Heart Association, Inc. Other new officers are Dr. Frank Deneen of Bloomington, Don C. Sutton of Chicago, and Dr. Lewis W. Woodruff of Joliet. New members of the association include Dr. Eugene Moore of Collinsville, Dr. Darwin Kirby of Champaign, Dr. George Stericker of Springfield, Dr. Joseph Sexton of Champaign, Dr. Emmet B. Bay of Chicago, Dr. F. Jack Brown of Decatur, and Dr. Sidney Strauss of Chicago.

Health Education.—The Health Education Department of the Chicago Young Women's Christian Association sponsored its spring conference May 24, with the following program: Mrs. Lester E. McCloy, "Registration and Welcome"; Mrs. Karlin Lindkvist, "Review and Evaluation of 1946-1947 Program"; Miss Helen Westerberg, Mrs. Terry Wilson, Miss Helen Aston, "Physical Education in the Chicago Y.W.C.A."; Miss Evelyn Street, Movie, "Time of Life"; Dr. Augusta P. Webster, "Cancer Resources"; Miss Florence Benell, Dr. Mary Williams, Miss Eselean Urback, Miss Josephine Bessems, Miss Ruth McEldowney, "Health Education in the Chicago Y.W.C.A."; Miss June Carlson, Miss Alma Hawkins, Mrs. Marian Blair, "Recreation in the Chicago Y.W.C.A."; Dr. Sonja Spiesman, Miss Sybil Jones, Laura Hughes Lunde, Mrs. W. E. Heim, "Health Legislation"; Mrs. Lester McCloy, Hostess at the tea; and Dr. Arthur H. Steinhaus, "Glamour Without Spinach".

Illinois Participants in Out-of-State Activities.—Included in a line of speakers on the program of the Ninety-Fourth Annual Session of the Minnesota State Medical Association at the Duluth Armory, Duluth, June 30, July 2, were the following medical persons from Illinois:

Dr. George E. Shambaugh, Jr., Assistant Professor of Otolaryngology, Northwestern University Medical School, Chicago, on "Fenestration Operation for Otosclerosis."

Fred V. Hein, Ph.D., Consultant in Health and Physical Fitness, Bureau of Health Education, American Medical Association, Chicago, on "Physical Education in Rural Schools."

Dr. Frederick H. Falls presented the Sommer Memorial lectures at the University of Oregon medical school, Portland, recently on "The Early Diagnosis of Uterine Carcinoma Ectopic Pregnancy" and "Premature Detachment of the Placenta." He also addressed the recently-formed Indianapolis Obstetrical and Gynecological society on "The Diagnosis and Treatment of Ectopic Pregnancy."

Dr. Warren H. Cole spoke on "Strictures of the Common Duct" and "Intestinal Obstruction" at a meeting of the Canadian Medical Association at Winnipeg on June 25-26.

Dr. Israel Davidsohn addressed the Oklahoma Society of Medical Technologists on "Differential Diagnosis of Anemia" at Oklahoma City on May 3. On the following day, he spoke before the Oklahoma Pathologists Association on "Determination and Interpretation of RH Antibodies."

Dr. Wesley A. Gustafson was the featured speaker at a combined meeting of the Medical Society of the District of Columbia on April 30 at Washington, D. C. Dr. Gustafson spoke on "Differential Diagnosis and Management of Head Injuries" at the meeting which was conducted under the auspices of the section of neurology and psychiatry.

Mississippi Valley Activities.—The twelfth annual meeting of the Mississippi Valley Medical Society will be held in the Municipal Auditorium, Burlington, Iowa, October 1-3. More than twenty-five clinical teachers will participate in the program which is designed to appeal to the general practitioner. Dr. Edward L. Bortz, Philadelphia,

President of the American Medical Association, will be the principal banquet speaker. The fourth annual meeting of the Mississippi Valley Medical Editors' Association will be held at the Hotel Burlington, Burlington, Iowa, Wednesday evening, October 1.

Research Foundation Receives Medal.—Dr. Jerome D. Solomon Memorial Research Foundation, of the Ludvig Hektoen Institute for Medical Research received the bronze medal of the Illinois State Medical Society on June 11, at a meeting, in honor of the foundation's exhibition on liver functions and hepatitis. Authors of the exhibit are Drs. Karl Meyer, Hans Popper, Frederick Steigmann and Donald Kozall. The exhibit was displayed during the annual meeting of the State Medical Society in May. Dr. Sam Hoffman is administrative director of the institute.

Typhoid Outbreak.—Five deaths occurred in a typhoid epidemic in Christian county, newspapers reported June 6. At this time, the epidemic was not over but "was well under control." The state Department of Public Health had received reports of forty-three cases, although local estimates indicated that at least seventy-five persons had contracted typhoid. Dr. A. W. Burke, Shelbyville, had been assigned to study the cases, and had traced all forty-three to a common source—a soft drink and ice cream parlor in Palmer. Local residents reported the operator of the lunchroom had sold his business and disappeared.

Society Elections.—At the meeting of the American Society for Pharmacology and Experimental Therapeutics, Chicago, May 18-22, the following officers were elected: Dr. Maurice H. Seevers, department of pharmacology, University of Michigan Medical School, Ann Arbor, Mich., president; Dr. Carl A. Dragstedt, professor of pharmacology, Northwestern University Medical School, Chicago, vice president; Dr. Harvey B. Haag, Medical College of Virginia, Richmond, secretary, and Dr. Ko Kuei Chen, Indianapolis, treasurer.

Women Doctors Featured.—The Chicago Sunday Tribune June 22, used a brief story by June Geserick entitled, "The Lady is a Doctor." Chicago physicians who were featured in the story included Dr. Margaret B. Harte, senior resident in pathology at Wesley Memorial hospital; Dr. Ann Bonnett; and Dr. Edith Eason.

Care of Chronically Ill.—The construction of adequate facilities for the chronically ill and the initiation of research into the causes and cures of chronic illnesses are recommended in a 120 page report recently issued by the Illinois Commission on the Care of Chronically Ill Persons. Immediate action on the recommendations was urged. About 117,000 persons in Illinois are suffering from chronic illnesses and 35,000 require hospital care. The report indicated that only 12,000 beds are available. The research institute, proposed by Dr. Andrew C. Ivy, vice president of the Chicago Professional Colleges, University of Illinois, would cost $2,500,000 to construct.

HEALTH DEPARTMENT ACTIVITIES

New Tumor Diagnostic Center.—The eleventh tumor diagnostic center in Illinois was opened at 1009 North Park Street, in Bloomington, June 20.

Known as the McLean county cancer clinic, this center will provide consultant services for physicians of Illinois in the diagnosis and treatment of their suspected cancer cases. Under the direction of Dr. Howard P. Sloan, clinic sessions will be held the first and third Fridays of each month, from 11 to 12 A.M.

In a statement to the press, Dr. Roland R. Cross, State Director of Public Health, stated that cancer takes the lives of approximately 12,000 persons in Illinois annually. "Many deaths from cancer might be prevented if cases were diagnosed early enough, and if appropriate modern treatment with X-ray, radium or surgery were started promptly", he said.

To this end the Illinois Department of Public Health has provided funds to aid in the establishment and maintenance of tumor diagnostic centers at strategic points throughout the state. Other clinics are located in: Chicago, Rockford, East St. Louis, Springfield, Champaign, Evanston, DuQuoin, Peoria, Jacksonville and Herrin.

"For The Common Good"

The Centennial of the American Medical Association was observed by the Logan County Medical Society in a special appeal to local clergyman to pay tribute to American medicine. It was urged that this tribute coincide with the special religious ceremony held in Atlantic City. The Lincoln Evening Courier carried an editorial entitled "Medicine's Centennial" and a centennial history record of Logan County medicine; the latter was prepared by Dr. Floyd S. Barringer, a native of Emden, and the brother of Dr. D. M. Barringer, Lincoln. Dr. Barringer is a member of the staff of the University of Cincinnati College of Medicine and plans to open practice in Springfield.

Dr. M. J. Bhatt, Bhavnajar, India, who recently completed a fellowship at the Harvard School of Public Health, visited the Office of the Educational Committee in Chicago, June 27. Dr. Walter Stevenson, Quincy, Chairman of the Council of the Illinois

State Medical Society, and Dr. Charles P. Blair, Monmouth, Chairman of the Educational Committee, visited at length with Dr. Bhatt on public health in his native country.

The Medical Society Executives Conference held its first annual meeting at the Chalfonte-Haddon Hall, Atlantic City, June 11, and conducted one of the most inspiring programs ever presented to any group.

Theodore Wiprud, executive secretary of the Medical Society of the District of Columbia, presided at the session as chairman. Other officers included Charles S. Nelson, executive secretary of the Ohio State Medical Association, vice chairman, and James E. Bryan, executive secretary of the Medical Society of the County of New York, secretary-treasurer. John Hunton, executive secretary of the California Medical Association, and Miss Agnes V. Edwards, executive secretary of the Medical Society of Virginia, are members of the executive committee.

New officers of the group are Mr. Mac Cahal, Chicago, executive secretary, American College of Radiology, chairman; Mr. R. R. Rosell, Minneapolis, executive secretary, Minnesota State Medical Association, vice chairman. Jim Bryan was reelected secretary-treasurer.

To Mac Cahal goes the credit for the establishment of the Medical Society Executive Conference. The idea stemmed from a sincere effort to weld the goodwill of the many executives into an honest productive effort for the medical profession. Contact in the time between meetings will be maintained through a News Letter to be edited by Charles Crownhart, executive secretary of the Wisconsin State Medical Society. A member of the new group is Lester H. Perry, executive secretary of the Medical Society of the State of Pennsylvania, whose sincere interpretation of good medical public relations appears in his article "Seeking Success in Medical Public Relations", published in the JAMA, June 7, page 536.

The next meeting of the group will be held at the Continental Hotel, Chicago, on Friday, June 25, 1948.

Included among the new members of the Fifty Year Club of the Illinois State Medical Society are the following:

Dr. Thomas F. Hill, Athens, Sangamon County Medical Society. Dr. Hill is a member of a family which has practiced medicine in central Illinois for four generations. His father, Dr. Green Hill, practiced in Middletown. His four brothers were also doctors: Dr. G. E. Hill, Girard; and Dr. T. C. Hill, Fancy Prairie, both deceased; Dr. J. H. Hill, Mechanicsburg; and Dr. H. C. Hill, Streator. Dr. Hill has one son, Dr. Thomas Hill, practicing medicine in California, one nephew, Dr. T. G. Hill, in Springfield, and one grandnephew, Dr. Vincent Hill of Chicago.

Dr. Hattie B. Melaik, Kewanee, Henry County Medical Society.

Dr. J. M. Hickman, Westville, Vermilion County Medical Society.

Dr. J. A. Bauer, Germantown, Clinton County Medical Society.

Dr. Sam B. Peacock, Pittsfield, Pike-Calhoun County Medical Society.

Dr. Richard James Bedford, Oneida, Knox County Medical Society.

Dr. Robert W. Binney, Granite City, Tri-City Medical Society.

Dr. R. E. Maupin, Dwight, Livingston County Medical Society.

Dr. Benjamin D. Baird and Dr. William H. Maley, both of Galesburg, Knox County Medical Society.

MARRIAGES

Richard Morris Moore, Des Moines, to Miss Polly Van Zile of Evanston, Ill., in Bloomington, Ill., December 21, 1946.

William Harper Weiss, Fairmont, W. Va., to Miss Rosmarie Lauer of Decatur, Ill., in St. Louis, March 4.

DEATHS

Charles Sumner Bacon, Chicago, who graduated at Northwestern University Medical School, Chicago, in 1884, died in Grant Hospital, June 10, at the age of 90. He was professor of obstetrics and head of the department, University of Illinois College of Medicine, form 1903 until 1926, when he became professor emeritus. He was consulting obstetrician of the Municipal Tuberculosis Sanitarium, and of Grant Hospital and chief of staff of the Salvation Army Maternity Hospital.

Otis J. Baldwin, Chicago, who graduated at Marion Sims-Beaumont Medical College, 1903, died June 23, aged 70. He had practiced in Chicago 25 years and previously had been consulting physician for the city of Springfield and later medical consultant for the Chicago State Hospital and the Kankakee State Hospital.

Thomas Matthew Calladine, Chicago, who graduated at the University of Rochester School of Medicine and Dentistry, 1943, died while in military service, in Robert Merritt Billings Hospital, February 27, aged 29, of testicular embryonal carcinoma with metastases.

Harry Sylvester Church, East St. Louis, who graduated at the St. Louis University School of Medicine in 1906, died in the Christian Welfare Hospital, March 9, aged 66, of heart disease.

George G. Craig, Rock Island, who graduated at Northwestern University Medical School in 1898, died

May 26, aged 71. He was at one time city physician for Rock Island.

William C. Fox, Chicago, who graduated at The Hahnemann Medical College and Hospital, Chicago, in 1914, died June 6, while vacationing in Fremont, Michigan. He was 63 years of age.

Harrison M. Gibson, Moline, who graduated at Rush Medical College in 1919, died March 16, at the Moline Public Hospital. He was 52 years of age.

Frederick G. Hopkins, East Peoria, who graduated at the Univesrity of Illinois College of Medicine in 1905, died June 14, aged 70, at his home. He was on the staff of St. Francis Hospital, of which he was a past president, and was president of the sanitary board.

David R. Landau, retired, Chicago, who graduated at the University of Illinois College of Medicine in 1915, died of a heart attack June 14 while being taken to the hospital. He was 70 years of age.

Cleveland Charles MacLane, Chicago, who graduated at Loyola University School of Medicine in 1917, died March 16, aged 63. He served on the staffs of the Illinois Masonic and St. Bernard's Hospitals.

George Elzear Maley, Galesburg, who graduated at the University of Illinois College of Medicine in 1910, died March 20, aged 66, of heart disease.

Robert E. Miltenberger, Spring Valley, who graduated at Rush Medical College in 1910, died of a heart attack, June 18, at the age of 67. He had served in the medical corps in World War I.

Mathew A. Reasoner, Alton, who graduated at the University of Illinois College of Medicine in 1899, died June 20, aged 72. During World War I, he served overseas with the Army of Occupation. He later served as chief surgeon in the department of the Philippines and was Corps Area surgeon for the Sixth Corps Area at Chicago.

Morris Martin Rottman, Chicago, who graduated at Chicago Medical School in 1929, died March 15, aged 47, of coronary thrombosis. He served during World Wars I and II.

Olaf M. Steffenson, retired, Chicago, who graduated at Marion Sims Medical College, St. Louis, in 1899, died June 3, aged 67. He formerly was on the staff of the Chicago Eye, Ear, Nose and Throat Hospital.

Walter H. Watterson, LaGrange, who graduated at Northwestern University Medical School in 1901, died in his home, June 17, aged 72. He had served as head of the tuberculosis department of the Oak Forest Infimary and as head of the Municipal Tuberculosis Sanitarium in Chicago before he entered military service in World War I. After the war he became head of the tuberculosis section of the Speedway Hospital, which later became Hines Veterans' Hospital, and served there 14 years until he entered private practice in 1936.

PHYSICIANS ART ASSOC.
(Continued)

PERL, John I., Chicago (oil and egg tempera and resin)
RAPPAPORT, Ben Z., Glencoe (oil)
RAYMOND, Beatrice, Chicago (drawing, gouache, and oil)
RHETTA, H. L., Chicago (water color)
SAYRE, Bernard E., Chicago (oil)
SCHILLER, Maurice A., Chicago (oil)
SCHRODER, Harold, Pontiac (oil)
STEIN, M. F., Chicago (oil)
THOREK, Max, Chicago (photography)
TINT, Louis J., Chicago (photography)
WILLIS, Floyd W., Chicago (pastel)
WILSON, Earle E., Oak Park (oil)
WOOD, C. Martin, Decatur (oil)
WOODRUFF, George H., Joliet (photography)

Then in the Special Prize Competition, with the subject of "Courage and Devotion Beyond the Call of Duty" on the part of physicians in war and in peace, we find:

ARMSTRONG, Ray C., Springfield "They Died Not in Vain" (wood carving)
BAUER, W. W., Chicago, "Last Full Measure" (oil)
BELLAS, Joseph E., Peoria "Incident at Changsha" (tempera)
BROWN, Adolph M., Chicago "For Courage and Devotion" (sculpture)
COWEN, Jack P., Chicago "Alerted and Standing By" (water color)
DE COSTA, E. J., Chicago "Last Full Measure" (water color)
HENRICHSEN, Karl J., Chicago "At Verdun" 1918. (photography)
JOHNSON, T. Arthur, Rockford, "Thirty-six Hour Duty" (oil)
KALISZ, W. F., Chicago "Leyte Beachhead" (wood carving)
LAUFMAN, Harold, Chicago "And Then There Were None" (oil)
OLNEY, Clinton B., Chicago "Courage and Devotion Beyond the Call of Duty" (alabaster)
PERL, John I., Chicago "Life Shall Go On" (oil)
RAPPAPORT, Ben Z., Glencoe "The Message" (oil)
RAYMOND, Beatrice, Chicago "Missing in Action" (oil)
FITZMAURICS, H. A., Chicago "Courage and Devotion" (oil)

continuous symptomatic relief in allergic disorders



● Relief from allergic symptoms usually follows within twenty to thirty minutes after the oral administration of Pulvules Amesec and persists for several hours. Nocturnal attacks may be avoided or mitigated by taking advantage of the timed-disintegration feature of 'Enseals' (Enteric-Sealed Tablets, Lilly) Amesec. One pulvule and one of the 'Enseals' Amesec are taken at bedtime. The pulvule disintegrates promptly and controls symptoms for the ensuing three or four hours. 'Enseals' are timed to disintegrate in from four to seven hours. Thus, the medication is released at approximately the time at which the therapeutic effect of the pulvule is exhausted.

PULVULES AMESEC
... for prompt relief of asthma, hay fever, migraine, allergic rhinitis, hypotension, coryza, dysmenorrhea.

ENSEALS AMESEC
... for delayed action, to avert nocturnal symptoms.

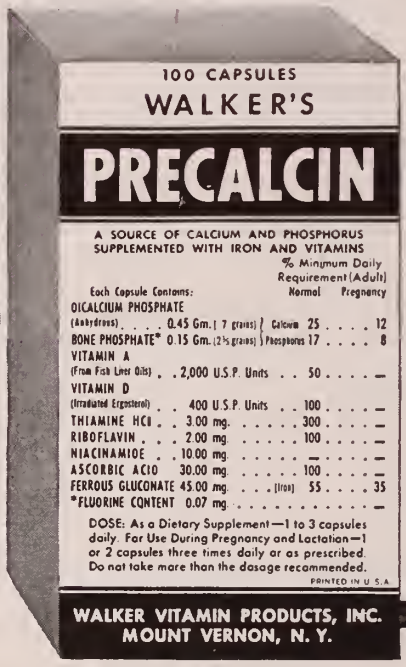
Formula

Pulvules and 'Enseals' Amesec contain:

Aminophylline	2 grs.
Ephedrine Hydrochloride	3/8 gr.
'Amytal' (Iso-amyl Ethyl Barbituric Acid, Lilly)	3/8 gr.

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

WALKER



PRENATAL PEDIATRICS

It is increasingly appreciated that care of the child's health begins with adequate nutritional care of the pregnant woman. **PRECALCIN*** in capsules presents an outstanding combination, containing:

MINERALS: Calcium, phosphorus, and iron. Especially valuable is the natural mineral component—purified BONE PHOSPHATE†—demonstrated clinically to be an advantageous form of mineral supplementation (Martin, E. M.: Canad. M. A. J. 50: 562 (June) 1944).

VITAMINS: A multivitamin formula in potent dosage.

*Exclusive trademark of Walker Vitamin Products, Inc.
†Fluorine content, 0.07 mg. per capsule.

Walker VITAMIN PRODUCTS, INC. MOUNT VERNON, N. Y.

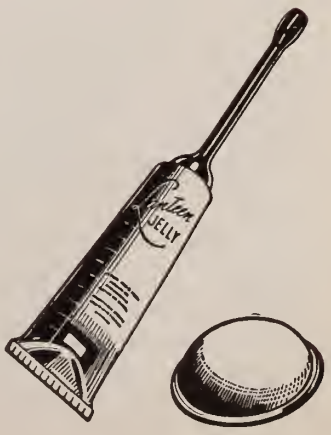


THE LANTEEN DIAPHRAGM is rigid in one plane, therefore easy to place. When largest comfortable size is fitted, if entering rim lodges against cervix, trailing rim cannot be forced into pubic arch.

***Lanteen jelly* has three important advantages:**

1. **Reliable . . . spermicidally effective.**
2. **Tenacious in its viscosity.**
3. **Non-irritating . . . Non-toxic.**

Offered only through the medical profession. Complete package sent physicians on request.



Lanteen

LANTEEN MEDICAL LABORATORIES, INC. • CHICAGO 10

Illinois State Medical Society

OFFICERS OF SECTIONS, 1947

SECTION ON MEDICINE
W. H. Newcomb, Chairman, Jacksonville
T. H. VanDellen, Secretary, 700 N. Michigan Ave., Chicago

SECTION ON SURGERY
J. B. Moore, Chairman, Benton

SECTION ON EYE, EAR, NOSE AND THROAT
Hanley F. Ford, Chairman, Champaign
Paul H. Holinger, Secretary, 700 N. Michigan Ave., Chicago

SECTION ON PUBLIC HEALTH & HYGIENE
Richard F. Boyd, Chairman, Springfield

SECTION ON RADIOLOGY
Frank L. Hussey, Chairman, 55 E. Washington St., Chicago
Cesare Gianturco, 602 W. University Ave., Urbana

SECTION ON PEDIATRICS
G. N. Krost, Chairman, 2376 E. 71st Street, Chicago
Frederick H. Maurer, Secretary, Peoria

SECTION ON OBSTETRICS AND GYNECOLOGY
E. N. Nash, Chairman, Galesburg

SECTION ON PATHOLOGY
M. C. Corrigan, Chairman, 2839 Ellis Avenue, Chicago
George Milles, Secretary, 411 West Dickens Avenue, Chicago 14

COUNTY SOCIETIES

This list is corrected in accordance with the best information obtainable at the date of going to press. County Secretaries are requested to notify The Journal of any changes or errors.

County	President	Secretary
Adams	Frank Brenner, Jr., Quincy	Walter Stevenson, Jr., Quincy.
Alexander	Charles Weber, Cairo	Lewis Ent, Cairo.
Bond	J. D. Chittum, Sorento	Max Fraenkel, Greenville.
Boone	David E. James, Belvidere	Everett F. Dettman, Belvidere.
Bureau	Harry E. Brown, Tiskilwa	R. E. Davies, Spring Valley.
Carroll	E. C. Turner, Savana	W. J. Scholes, Lanark.
Cass	T. G. Charles, Beardstown	R. A. Spencer, Beardstown.
Champaign	W. L. Veirs, Urbana	C. Gianturco, Urbana.
Christian	G. S. Bullington, Pana	W. S. Miller, Assumption.
Clark	H. G. Johnson, Casey	G. T. Mitchell, Marshall.
Clay	L. L. Hutchins, Flora	M. H. Parker, Louisville.
Clinton	R. D. Roane, Carlyle	J. Q. Roane, Carlyle.
Coles-Cumberland	Paul M. Hardinger, Mattoon	Lee Steward, Mattoon.
Cook	Malcolm T. MacEachern, Chicago	Willard O. Thompson, Chicago.
Crawford	B. C. Teasley, Jr., Robinson	L. P. Sloan, Oblong.
DeKalb	John Ovitz, Jr., Sycamore	Grant Suttie, DeKalb.
DeWitt	Keith Rhea, Clinton	William R. Marshall, Clinton.
Douglas	M. E. Loller, Tuscola	J. O. Cletcher, Tuscola.
DuPage	Allan S. Watson, Glen Ellyn	A. R. Rikli, Naperville.
Edgar	P. E. Fleener, Paris	E. E. Terrell, Paris.
Edwards	P. S. Neirenberg, Albion	Andrew Krajec, West Salem.
Effingham	P. C. Rumore, Effingham	W. J. Gillesby, Effingham.
Fayette	A. M. Fromm, Ramsey	E. A. Kuehn, Vandalia.
Ford	M. D. E. Peterson, Paxton	Edward A. Tappan, Paxton.
Franklin	R. C. Steck, Christopher	A. F. Barnett, West Frankfort.
Fulton	G. S. Betts, Canton	O. M. Wood, Ipava.
Gallatin	J. C. Murphy, Ridgway	James A. Kirby, New Haven.
Greene	R. W. Piper, White Hall	W. H. Garrison, White Hall.
Hancock	I. W. Salowitz, Plymouth	Blair Kelly, Ferris.
Hardin	S. E. Oxford, Cave-in-Rock	
Henderson	M. J. Babcock, Biggsville	Elmer T. Swann, Oquawka.
Henry	F. J. Stewart, Kewanee	C. Paul White, Kewanee.
Iroquois	A. W. Fordyce, Gilman	Ryland Buckner, Gilman.
Jackson	William T. Felts, Carbondale	Edward K. Ellis, Murphysboro.
Jasper	William E. Franke, Newton	C. O. Absher, Newton.
Jefferson-Hamilton	R. A. Crum, Mt. Vernon	Harry Thompson, Mt. Vernon.
Jersey	Hugh R. Bohannan, Jerseyville	W. M. Hemple, Grafton.
Jo Daviess	G. C. McGinnis, Warren	R. E. Logan, Galena.
Johnson	Wm. Thompson, Cypress	E. A. Veach, Vienna.
Kane	K. M. Manougian, Elgin	A. G. Zmugg, Aurora.
Kankakee	Alfred Nehf, Kankakee	A. L. Nickerson, Kankakee.
Knox	Wm. Johnson, Galesburg	J. A. Bowman, Abingdon.
Lake	R. M. Watrous, North Chicago	Kenneth Morris, Waukegan.
LaSalle	M. H. Sawyer, Ottawa	F. J. Maciejewski, LaSalle.
Lawrence	R. T. Kirkwood, Lawrenceville	R. O. Illyes, Lawrenceville.
Lee	J. L. Tavenner, Dixon	J. M. Lund, Dixon.
Livingston	O. L. Bettag, Pontiac	E. G. Beatty, Pontiac.
Logan	Lee N. Hamm, Lincoln	Donald M. Barringer, Lincoln.
McDonough	A. P. Standard, Macomb	W. M. Hartman, Macomb.
McHenry	Wm. Copeland, Cary	C. E. Wittenberg, Woodstock.
McLean	E. M. Stevenson, Bloomington	W. H. Atkinson, Bloomington.
Macon	F. R. Martin, Decatur	Maurice D. Murfin, Decatur.
Macoupin	George Hess, Bunker Hill	Joseph J. Grandone, Gilesspie.

*Deceased.

(Continued on page 38)



FORMULAC Infant Food provides a balanced and flexible formula basis for general infant feeding — both in normal and difficult diet cases.

A product of National Dairy research, FORMULAC is a concentrated milk in liquid form, fortified with all vitamins known to be necessary for proper infant nutrition. No supplementary vitamin administration is necessary with FORMULAC. The Vitamin C content is stabilized, assuring greater safety.

The only carbohydrate in FORMULAC is the natural lactose found in cow's milk—no other carbohydrate has been added. This permits you to prescribe both the amount and the type of carbohydrate supplementation required.

FORMULAC is promoted ethically, to the medical profession only. Clinical testing has proved it satisfactory in promoting normal infant growth and development. On sale in grocery and drug stores throughout the country, FORMULAC is priced within range of even modest incomes.

Distributed by **KRAFT FOODS COMPANY**

NATIONAL DAIRY PRODUCTS COMPANY, INC.

NEW YORK, N. Y.

• For further informotion obout FORMULAC, ond for professionol samples, mail a card to Nationol Dairy Products Compony, Inc., 230 Park Avenue, New York 17, N. Y.

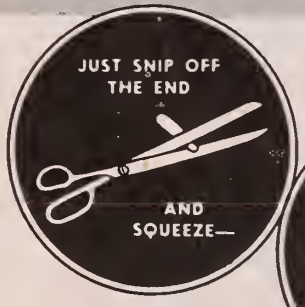


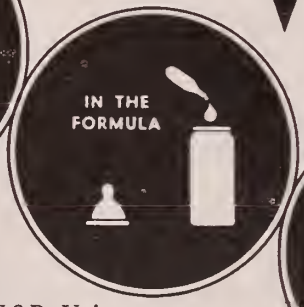
(County Officers Continued)

Madison	H. M. Cravens, Collinsville	E. F. Moore, Collinsville.
Marion	C. J. Sanders, Centralia	Harry E. Ryan, Centralia.
Mason	C. H. Stubenrauch, Havana	J. W. McHarry, Havana.
Massac	Stephen P. Ward, Metropolis	G. F. Cummins, Metropolis.
Menard	B. D. Epling, Petersburg	H. P. Moulton, Petersburg.
Mercer	Chas. M. Murrell, Sherrard	Nillie E. Marsh, Aledo.
Monroe	E. T. Lark, Columbia	J. A. Werth, Waterloo.
Montgomery	Harry Yaeger, Litchfield	Raymond E. Mulrooney, Litchfield.
Morgan	V. T. J. Lenth, Jacksonville	G. L. Drennan, Jacksonville.
Moultrie	J. F. Lawson, Sullivan	W. B. Kilton, Sullivan.
Ogle	A. R. Bogue, Rochelle	L. Warmolts, Rochelle.
Peoria	C. W. Margaret, Peoria	W. E. Owen, Peoria.
Perry	B. I. Hall, DuQuoin	John A. Mathis, Pickneyville.
Piatt	A. O. Trimmer, Cerro Gordo	Stephen Kratz, Monticello.
Pike	W. G. Kraybill, Pittsfield	Jack M. Bailis, Pittsfield.
Pope		L. S. Barger, Golconda.
Pulaski	Homer J. Elkins, Mounds	Otis T. Hudson, Mounds.
Randolph	Ralph Kuhlman, Menard	W. W. Fullerton, Steeleville.
Richland	Ralph King, Olney	Bernard A. Weber, Olney.
Rock Island	R. O. Sala, Rock Island	N. C. Barwasser, Moline.
St. Clair	Olin B. Boyd, E. St. Louis	F. E. Bihss, E. St. Louis.
Saline	N. A. Thompson, Eldorado	Robert Ferrell, Eldorado.
Sangamon	C. S. Mayes, Springfield	Wm. De Hollander, Springfield.
Schuyler	A. W. Ball, Rushville	H. O. Munson, Rushville.
Shelby	Duncan Biddlecombe, Shelbyville	Louis Chabner, Shelbyville.
Stephenson	C. M. Becker, Freeport	Lester P. Bunchman, Freeport.
Tazewell	Charles A. Nelson, Pekin	Nelson A. Wright Jr., Pekin.
Union	Harry Phillips, Anna	E. V. Hale, Anna.
Vermilion	K. H. Hammond, Hoopeston	Holland Williamson, Danville.
Wabash	E. P. Keneipp, Mt. Carmel	H. A. Elkins, Mt. Carmel.
Warren	J. W. Firoved, Monmouth	Jos. C. Sherrick, Monmouth.
Washington	P. B. Rabenneck, Nashville	G. A. Green, Nashville.
Wayne	Gilbert T. Ransom, Fairfield	Kenneth O. Hubble, Fairfield.
White	C. J. Rosenberg, Norris City	R. S. Loewenherz, Carmi.
Whiteside	I. Vandermyde, Prophetstown	G. J. Pohly, Rock Falls.
Will-Grundy	Earl S. Leimbacher, Joliet	Leon P. Gardner, Joliet.
Williamson	J. W. Tidwell, Herrin	M. M. May, Marion.
Winnebago	Chas. L. Leonard, Rockford	W. H. Palmer, Rockford.
Woodford	Ernest Pearson, Eureka	W. S. Morrison, Minonk.

A METHOD FOR SIMPLE ADMINISTERING VITAMINS TO INFANTS AND CHILDREN

with a dispersing agent insuring miscibility

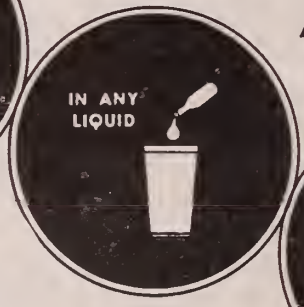


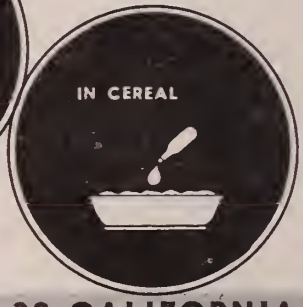


VITACLIPS

NION

Accurate Dosage
Easy to use





FORMULA

Vitamin A	5000 U.S.P. Units
Vitamin D	1000 U.S.P. Units
Thiamine HCl	1 Milligram
Riboflavin	2 Milligrams
Niacinamide	5 Milligrams
Ascorbic Acid	30 Milligrams

SUPPLIED—*Bottles of 30's and 100's*

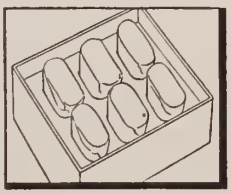


NION CORPORATION NION LOS ANGELES 38, CALIFORNIA

TWO USEFUL PRODUCTS FOR BUSY PHYSICIANS

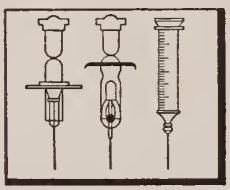
1 PENICILLIN VAGINAL SUPPOSITORIES *Schenley*

containing 100,000 units of penicillin each... provide a new, convenient, painless method of applying the drug directly at the site of infection. In resistant cases 2 suppositories per application may be used. Supplied in boxes of 6 and 12.



2 PENICILLIN IN OIL AND WAX *Schenley* (*Romansky Formula*)

in B-D* Disposable and Metal Cartridge Syringes. Cartridges contain 300,000 units of penicillin. Also available in 10-cc. vials, each cc. containing 300,000 units, suitable for use with the standard glass syringe. No refrigeration is required...easier to use in and out of the office.



Schenley LABORATORIES, INC.
EXECUTIVE OFFICES: 350 FIFTH AVENUE • NEW YORK 1, N. Y.

© Schenley Laboratories, Inc.

*Trade Mark Reg., Bectan-Dickinson, Inc.

Physical Medicine Abstracts

John S. Coulter, M.D.

CONVALESCENT CARE OF THE WEAKENED SHOULDER

With Particular Reference to the Use of the Overhead Sling

Robert L. Bennett, M.D., Warm Springs, Georgia

In SOUTMERN MEDICAL JOURNAL, 40:2:120
February 1947

From the standpoint of functional capacity, that portion which we designate as the "shoulder" or the "shoulder joint" is one of the most important and certainly the most versatile of the body segments. No other segment has such extensive range, in so many planes of motion. Its extreme mobility is accomplished by a complex coordination of muscle groups acting on four major articulations. Because of the complexity of the interplay between these joints and muscles, a clear picture of the mechanics of motion in this segment is difficult to obtain. The excellent descriptions by Codman and Inman offer the greatest assistance. Most of us have a tendency to think of the "shoulder joint" only as the glenohumeral articulation. This leads to inadequate appreciation of shoulder mechanics and the application of incomplete routines in correcting muscular weakness in any one or all of the shoulder girdle muscles.

Weakness in the muscles of the shoulder girdle result from central and peripheral nerve lesions, as well as from traumatic lesions about the shoulder that result in disuse and limited mobility. Therefore, in consideration of the causes of muscular weakness of the shoulder, we must not think only in terms of acute anterior poliomyelitis, polyneuritis, Erb's palsy, brachial plexus injuries, and other purely motor nerve problems, but also realize that fractures, dislocations, contusions, sprains, bursitis, tendonitis, fibrositis, scalenus anticus syndrome, and other local bony and soft tissue lesions can result in severe weakness.

CONCLUSION

A program for the care of the weakened shoulder girdle group of muscles has been outlined. Particular emphasis was made of the value of early passive motion through normal planes of movement, the absolute necessity of demanding coordinate patterns of motion, and the use of the overhead sling.

COMPOUND INJURIES OF THE KNEE JOINT

Study 1 — Treatment of Noninfected Knee Joints

Joe M. Parker, M.D., and John J. Modlin, M.D., St. Louis, Mo.

In ANNALS OF SURGERY, 125:3:341
March 1947

The keynotes in the after care of clean wounds of the knee are: First, the initiation of proper exercises as early as the first day after secondary suture of the skin to prevent quadriceps atrophy; and, second, the early mobilization of the joint to prevent the formation of adhesions that would restrict the range of motion. The latter is very important where the synovium has been destroyed at its lateral and medial reflections. For these reasons, the thoroughness of the initial care, aimed at preventing suppuration and smoothing articular defects, is probably the one most important phase in the proper care of compound

(*Continued on page* 42)



Perandren

As time runs out, Perandren is specific in the treatment of the male climacteric. Perandren IS testosterone propionate, the most potent androgen available for intramuscular administration.

PERANDREN . . . T. M. Reg. U. S. Pat. Off.

For further information, write Professional Service Department.

CIBA PHARMACEUTICAL PRODUCTS, INC., SUMMIT, N. J.

PHYSICAL MEDICINE (Continued)

injuries of the knee. It is only in those knee joints that have been properly cared for in the Evacuation Hospitals that early motion can be instituted.

REHABILITATION OF THE TUBERCULOUS

The Program of a Municipal Sanatorium

I. D. Bobrowitz, Medical Superintendent, Municipal Sanatorium, Otisville, New York

In AMERICAN REVIEW OF TUBERCULOSIS, 55:1:43 January 1947

A detailed description of the Otisville rehabilitation program is soon to be published by the National Tuberculosis Association. I would like at this time, to outline some of the main features of our work and to present some of our experiences.

A complete rehabilitation process involves not alone the period in the sanatorium, but also the time before admission and after discharge. Our program can, therefore, be divided into three intimately related phases which are of equal importance — the pre-sanatorium, in-sanatorium and post-sanatorium periods.

From the time of diagnosis and thereafter, public and voluntary agencies, such as medical, welfare, social service and public health nursing, work with the patient and family and refer the patients to the sanatorium. These are known as the referring or active working agencies. Rehabilitation groups come into the picture during and after the sanatorium period. The functions, responsibilities and relationships ascribed to these organizations had been agreed upon after a series of meetings attended by the sanatorium and the agencies.

CONCLUSION

Successful rehabilitation requires a comprehensive and effective sanatorium program and close cooperation between the sanatorium and the community. All of the community services must be intergrated to serve the patient and family during all the phases of treatment, from the time of diagnosis until the individual is fully adjusted. Under these conditions patients will accept sanatorium care, remain till their tuberculosis is arrested and follow through with necessary rehabilitation plans.

The rehabilitation program we have outlined attempts, in a practical and efficient manner, "to restore the tuberculous to the fullest physical, mental, social, economic and vocational usefulness of which they are capable."

PERONEAL PALSY CAUSED BY CROSSING THE LEGS

Major Simon H. Nagler and Major Leo Rangell (MC) AUS

In JOURNAL OF THE AMERICAN MEDICAL ASSN., 133:11:755 March 15, 1947

Of the peripheral nerves closest to the surface, least protected and most vulnerable to both acute and chronic trauma, the common peroneal nerve ranks high. Thus, Wilson places it second only to the musculospiral and ulnar nerves for frequency of damage, while it stands first in Cassirer's series of over 1,000 cases.

Sitting with legs crossed, a ubiquitous habit in modern man, is strikingly brought out as a common factor in producing the symptoms referable to the peroneal nerve in our observed cases. This habit, particularly prevalent in men, has been described a few times before as a factor in the production of peroneal palsy, but has for the most part been overlooked and neglected as a causal agent in this condition.

An a few final words in regard to therapy are in order. By prompt recognition and removal of the causal factors in a case of peroneal palsy due to crossing the legs, one can prevent serious neural damage. Some of our patients even while discussing their condition continued to assume the causative traumatic position. For these patients the deleterious effect of this seemingly innocent habit must be repeatedly stressed. Mechanical support of the foot, radiant heat, galvanism, and adequate nutrition with large doses of thiamine chloride were utilized. The therapeutic results were good.

Eight cases are reported of unilateral peroneal palsy occurring in health military personnel.

A common causal factor present in all 8 cases was the chronic habit of sitting with the legs crossed, which is shown to result, in persons of asthenic habitus, in a compression neuritis of the common peroneal nerve of the uppermost leg. This may either result in symptoms or may

(*Continued on page 44*)



AN EXCELLENT FIRST CEREAL

and well liked at any age

Malt-o-Meal meets every requirement for a first infant cereal food—a well rounded nutritional composition, blandness, easy digestibility, creamy smooth consistency, and absence of residue. It provides not only the nutrients ordinarily found in a wheat cereal, but also notable amounts of added thiamine, riboflavin, niacin and iron. Its freedom from grittiness and large particles makes Malt-o-Meal readily accepted by infants whose well developed lingual tactile sense promptly detects objectionably large particles. Older children and adults especially enjoy the delightful taste of this wheat cereal flavored with toasted malt. Malt-o-Meal is eaten with gusto by children, and merits inclusion in any well rounded breakfast.

CAMPBELL CEREAL COMPANY, Minneapolis, Minn.

Malt-o-Meal



Malt-o-Meal, an enriched wheat cereal flavored with toasted malt, provides per ounce (dry weight), 0.29 mg. of thiamine, 0.13 mg. of riboflavin, 1.09 mg. of niacin, and 2.00 mg. of iron. Thus Malt-o-Meal provides appreciably more thiamine, riboflavin, and iron than does whole wheat, and 78% of the niacin content of whole wheat.



PHYSICAL MEDICINE (Continued)

merely sensitize the nerve to other causal agents.

Another important causal factor in the reported cases was the assumption of various occupational positions incident to military duties and traumatic to the common peroneal nerve.

REHABILITATION OF THE SURGICAL PATIENT IN ARMY HOSPITALS IN WORLD WAR II

Colonel Augustus Thorndike, M.C. (A.U.S.)

September 1946
In AMERICAN JOURNAL OF SURGERY, 72:3:404

Among the interesting developments of surgery of the recent war and evident as of interest in prior wars was the importance of developing as part of medical treatment a planned program of convalescent reconditioning. The forgotten surgical patient in civil practice is he who has been discharged from the hospital to the home care of relatives for the convalescent period. The Surgeon General in 1943 fully appreciated the problem relative to the soldier patient, who, when discharged from the hospital must be physically fit to report for a full day's military duty or discharged to civil status fit to assume the full responsibility of independent economic life.

With a good program of convalescent reconditioning, many patients have been returned to full military duty that otherwise would only have been capable of performing limited duty; and, furthermore, large numbers have been salvaged for limited duty that otherwise would have been discharged to civil life. In the recent war 58.8 percent of the wounded were returned to military duty within the overseas theaters — an important number of military personnel too have been salvaged. The best results have been reported from the Convalescent Centers of the European Theater where 84.5 percent of the patients were returned to duty within the theater.

THE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE DIVISION OF POSTGRADUATE STUDY
Announces a
REVIEW OF RECENT ADVANCES IN CLINICAL PATHOLOGY DESIGNED FOR LABORATORY TECHNICIANS
November 17 and 18, 1947 — Tuition $15.00
For more detailed information write to Director, Division of Postgraduate Studies
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE
Saint Louis 10, Missouri





penicillin troches-C.S.C.

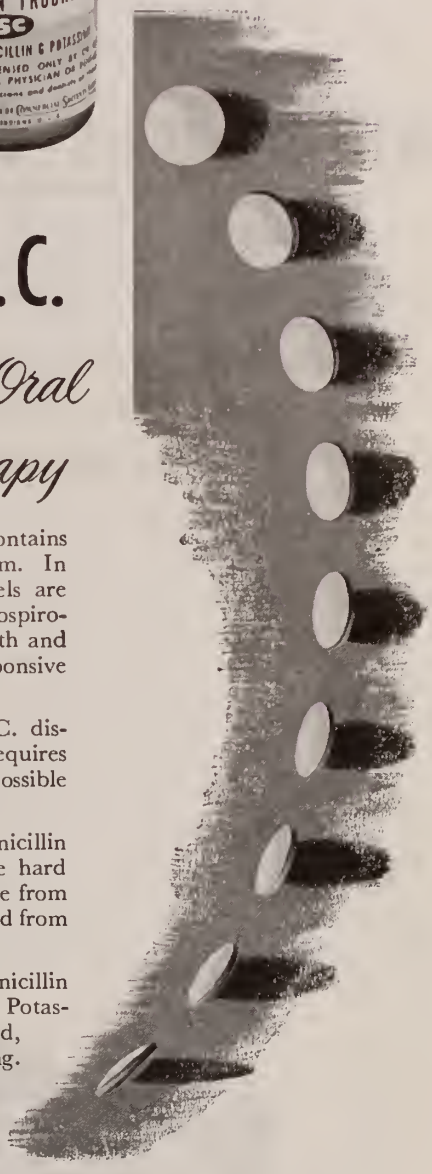
For Prolonged Intra-Oral Penicillin Therapy

HIGH POTENCY. Each Penicillin Troche-C.S.C. contains 5,000 units of Crystalline Penicillin G Potassium. In consequence relatively high penicillin saliva levels are attained for maximal therapeutic efficacy in fusospirochetal (Vincent's) infection of the gingivae, mouth and pharynx, and certain other oral infections responsive to penicillin.

SLOW DISINTEGRATION. Penicillin Troches-C.S.C. dissolve slowly within the mouth, a process which requires from one to two hours. Thus prolonged action is possible from a single troche.

ADHERES TO PALATE. Lenticular in shape, Penicillin Troches-C.S.C. readily fit into the curve of the hard palate, adhering to the mucosa on gentle pressure from the tongue. A penicillin depot is thereby established from which the antibiotic diffuses into the saliva.

CRYSTALLINE POTASSIUM PENICILLIN G. Penicillin Troches-C.S.C. contain Crystalline Penicillin G Potassium Salt. This form of penicillin is highly purified, having a potency of not less than 1435 units per mg.



C.S.C. Pharmaceuticals
A DIVISION OF
COMMERCIAL SOLVENTS CORPORATION
17 E. 42nd Street CSC New York 17, N.Y.

Putting palatability into high-protein diets



Swift's Strained Meats

Prepared originally for infant feeding now used extensively for special diet cases

Good food plays a psychologically as well as a physiologically important part in aiding recovery. This is one reason so many doctors are now using Swift's Strained Meats for patients on high-protein, low-residue diets containing chemically and physically non-irritating foods. Swift's Strained Meats provide a palatable, *natural* source of complete, high-quality proteins, B vitamins and minerals for patients whose condition prohibits the use of meats prepared in the ordinary manner. Each of the six kinds: beef, lamb, pork, veal, liver and heart, offers a tempting, distinctive meat flavor more readily accepted by patients, even when normal appetite is impaired.

Lean meat—strained fine enough for tube-feeding

Swift's Strained Meats, developed originally for feeding to young babies, are prepared from selected, lean U. S. Government Inspected Meats. They are carefully trimmed to reduce fat content to a minimum. The meats are slightly salted and strained so fine they will pass through the nipple of a nursing bottle . . . may easily be used in tube-feeding. Convenient to use—especially for patients at home—Swift's Strained Meats are ready to heat and serve! Each vacuum-sealed tin contains 3½ ounces of meat.

Swift's Diced Meats—tender, juicy cubes

For soft, smooth, high-protein and low-residue diets, these small cubes of lean meat offer new convenience and appetizing variety. Swift's Diced Meats are tender juicy pieces of meat, easily mashed into smaller particles if desired. 5 ounces per tin.



We will be glad to send you further information about Swift's Strained and Swift's Diced Meats with samples. Write Swift & Company, Dept. BF, Chicago 9, Illinois.

All nutritional statements made in this advertisement are accepted by the Council on Foods and Nutrition of the American Medical Association.

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

SWIFT & COMPANY • CHICAGO 9, ILLINOIS

As simple as A-B-C

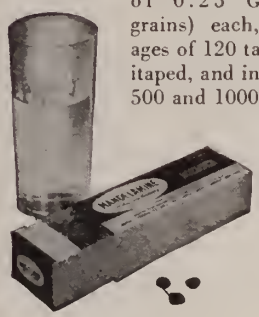


MANDELAMINE

Reg. U.S. Pat. Off.

(Methenamine Mandelate)

Mandelamine is supplied in enteric coated tablets of 0.25 Gm. (3¾ grains) each, in packages of 120 tablets, sanitaped, and in bottles of 500 and 1000.



An increasing number of physicians are discovering that the treatment of common urinary infections with Mandelamine is as simple as A-B-C. Three to four Mandelamine tablets, administered *orally* three times daily, will promptly control urinary infection in a high percentage of patients. Disturbing urinary symptoms are usually alleviated rapidly and, in the absence of obstruction, the urine is promptly cleared of pathogenic organisms.

The uncomplicated oral administration of Mandelamine requires *no* supplementary acidification (except in those cases where urea splitting organisms are present), restriction of fluid intake, dietary control, or other special measures, and Mandelamine may be administered virtually without consideration of toxic effects — thus eliminating the necessity for careful selection of patients. A physician's sample and literature on request.

NEPERA CHEMICAL COMPANY, INC.

Manufacturing Chemists

Yonkers 2, New York

Book Reviews

RH FACTOR. Edith L. Potter, M.D., Ph.D. Assistant Professor of Pathology, Department of Obstetrics and Gynecology The University of Chicago and The Chicago Lying-In Hospital 1947. The Year Book Publishers, Inc., Chicago. 334 pages, Illustrated Price $5.50.

This small book of 344 pages is a concise presentation of the accumulated information concerning the Rh factor, from the standpoint of both general knowledge and clinical applications. The book is easily read and requires only a short time to cover its contents. The nomenclature is that which is most widely used but it is some what confusing, although this is no fault of the author. The book presents the background of the Rh factor, including its discovery and history, the properties of the Rh factor and the antibodies, and its clinical role in the production of pathologic changes in the fetus, newborn, and adult blood reactions. The diagnosis of hemolytic disease is covered. The methods for determining the Rh of the blood and presence of immunization are described and illustrated. The material for the book was gathered from research and from over 6000 postmortem examinations on fetuses and infants, covering a period of 12 years. The author discusses the prevention and treatment of hemolytic disease and the postmortem examination of patients having hemolytic disease. This book is well worth reading on a subject which has become of so much importance today. J. W. F.

THE PHARMACOPOEIA OF THE UNITED STATES OF AMERICA. Thirteenth Revision, (U. S. P. XIII) By Authority of the United States Pharmacopoeial Convention, Meeting at Washington, D.C., May 14 and 15, 1940. Prepared by the Committee of Revision and Published by the Board of Trustees. Official from April 1, 1947. Electrotyped and Printed by Mack Printing Company, Easton, Pa.; Distributed by Mack Publishing Company, Easton, Pa. Price $8.00.

Never in the history of this country have so many important drugs used in the medical profession daily, been developed as has been the case since the last revision of the United States Pharmacopoeia. Although Latin titles are retained, for the first time this Pharmacopoeia uses the English titles which occupy the leading position as authorized by the members on revision.

Many organizations and individuals were asked to participate in the development of the present edition. May articles have been added in this edition which did not appear in the twelfth edition published in 1942, as would be expected. Likewise a considerable number of preparations which appeared in previous editions were eliminated in this one.

In the back of the book much valuable information appears which will be of general interest to pharmacists and others relative to general tests, processes and apparatus. Much information is likewise given relative to reagents, test solutions, indicators, ph measurements, buffer solutions, etc. Many tables likewise are presented in this section which will be of general interest.

The book of more than 950 pages will be of inestimable value to pharmacists, physicians and to many members of the public, and it is quite obvious that the book should carry a popular appeal, as it is primarily intended to be an additional safeguard for the public in the medication they receive during illness.

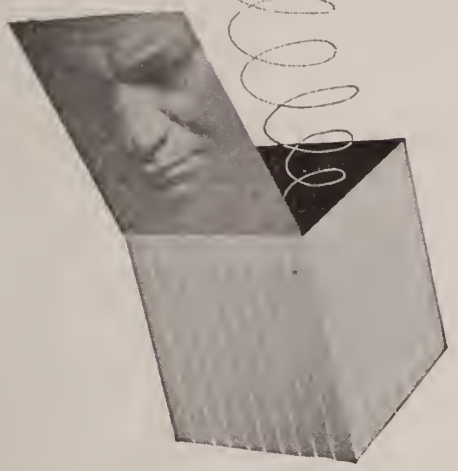
The price of the U.S.P. XIII is $8.00 and this initial cost will entitle the owner of a copy to receive also a copy of a bound supplement to the U.S.P. XIII when it is found to be necessary.

GYNECOLOGICAL AND OBSTERICAL PATHOLOGY, With Clinical and Endocrine Relations: By Emil Novak, A.B., M.D., D.Sc., (Hon. Dublin) F.A.C.S., Associate in Gyn., Johns Hopkins Medical School; etc., Second Edition, with 542 illustrations, 15 in color. 570 pages. Philadelphia and London: W. B. Saunders Company, 1947. Price $7.50.

This is the second edition of a book which has been of much interest as a textbook on an important subject. More than 100 new illustrations appear in this edition, many in color which adds materially to its interest and value to the reader. The author has endeavored in every way possible to make the book complete, yet not of encyclopedic size, and this should

(*Continued on page* 50)





to revive normal interest and activity*

Dexedrine is of unequalled value for the depressed patient.

Not only does Dexedrine produce striking improvement in mood and outlook—but, because of the unique "smoothness" of its action, it spares the patient the disturbing consciousness of "drug stimulation."
Smith, Kline & French Laboratories, Philadelphia

Dexedrine

Sulfate tablets

the central nervous stimulant of choice (*dextro-amphetamine sulfate, S. K. F.*)

ANNOUNCING
a new principle in Support Design



THE SPENCERFLEX FOR MEN

Individually designed for each patient, the Spencerflex provides pelvic control and abdominal uplift with freedom for muscular action. Improves posture and body mechanics. Non-elastic. Will not yield or slip under strain. Very durable, moderate cost. Can be put on, removed, or adjusted in a moment.

Also designed as adjunct to treatment following upper abdominal surgery. Completely covers and protects scar without "digging in" at lower ribs. Relieves fatigue and strain on tissues and muscles of wound area. *We know of no other support for men providing these benefits.*

For information about Spencer Supports, telephone your local "Spencer corsetiere" or "Spencer Support Shop", or send coupon below.

SPENCER, INCORPORATED
129 Derby Ave., New Haven 7, Conn.
In Canada: Rock Island, Quebec.
In England: Spencer (Banbury) Ltd., Banbury, Oxon.

May We Send You Booklet?

Please send me booklet, "How Spencer Supports Aid the Doctor's Treatment."

Name M.D.
Street
City & State G-8-47

SPENCER *INDIVIDUALLY DESIGNED* SUPPORTS
Reg. U. S. Pat. Off.
FOR ABDOMEN, BACK AND BREASTS

BOOK REVIEWS (Continued)

appeal to the student, clinician and pathologist alike.

The subject gynecological and obstetrical pathology is indeed well covered in this new volume, beginning with the endocrinology on the menstrual cycle and pregnancy then in turn presenting in much detail diseases of the entire genital tract. Much consideration is given to neoplastic diseases and especially those of amalignant nature in all parts of the female genital tract.

Pathological changes in the cervix are carefully considered and the difficulty in determining when the lesion ceases to be benign and becomes malignant is well brought out in the book. This is likewise true in the consideration of other parts of the genital tract in women. As would be expected, the subject of pelvic endometrics is carefully considered, and the chief locations in which the aberrant endometrial developments may appear, are listed and considered separately.

The book has 570 pages, 542 illustrations with a considerable number in color, and it will be a valuable addition to any modern medical library.

Books Received

The following books have been received for reviewing, and are herewith acknowledged. This listing should be considered as a sufficient return for the courtesy of the sender. Books that appear to be of unusual interest will be reviewed as space permits each month. Readers desiring additional information relative to books listed, may write the Editor who will gladly furnish same promptly.

THE DIAGNOSIS AND TREATMENT OF DIARRHEAL DISEASES: By William Z. Fradkin, A.B., M.D., Assistant Attending Gastroenterologist, Jewish Hospital of Brooklyn; Physician in Charge of Colitis Clinic, Department of Gastroenterology; Associate Bacterioligist, Colitis Division, Department of Laboratories, Jewish Hospital of Brooklyn. Grune & Stratton, Inc., New York, 1947. Price $6.00.

PARAVERTEBRAL BLOCK, in Diagnosis, Prognosis, and Therapy. Minor Sympathetic Surgery: By Felix

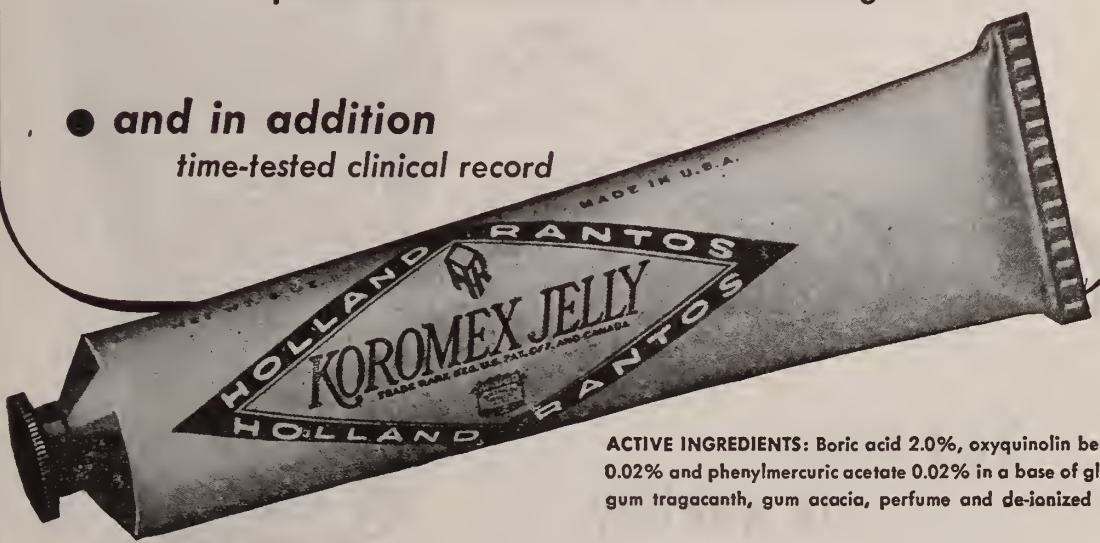
(*Continued on page 52*)

SPENCER SUPPORT SHOP
55 E. Washington St., Suite 1216, Chicago 2
Phone State 6686
Individually Designed Supports
For
Men, Women and Children
At
Shop or Hospital by Appointment
Spencer Individually Designed Supports

tests prove

KOROMEX JELLY

- **Fastest Spermicidal Time**
 measurable under Brown and Gamble technique
- **Proper Viscosity**
 for cervical occlusion
- **Stable Over Long Period of Time**
 pH consistent with that of the normal vagina
- ***and in addition***
 time-tested clinical record



ACTIVE INGREDIENTS: Boric acid 2.0%, oxyquinolin benzoate 0.02% and phenylmercuric acetate 0.02% in a base of glycerin, gum tragacanth, gum acacia, perfume and de-ionized water.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Prescribe Koromex Jelly with Confidence

. . . send for literature

HOLLAND-RANTOS COMPANY, INC., 551 FIFTH AVENUE, NEW YORK 17, N. Y.



CONSTANT RESEARCH

Invented in 1861, Hanger Artificial Limbs have been constantly improved over the years. Today, the Hanger Leg is recognized as one of the world's finest artificial limbs.

Hanger Research is continually developing and testing new ideas, new methods, and new materials. From these efforts have come many outstanding achievements, adding greatly to the comfort and to the ever-increasing utility of the limb. Hip control, dural light construction, natural action joints, the flexible foot, are a few of the many advancements of recent years.

The many Hanger companies in many key cities throughout the United States are constantly studying, planning, and developing new improvements to give you an ever better artificial limb.

HANGER ARTIFICIAL LIMBS

527-529 Wells St., Chicago 7, Illinois
1912-14 Olive St., St. Louis 3, Missouri

BOOKS RECEIVED (Continued)

Mandl, M.D., F.I.C.S., Professor of Surgery, Hadassah University Hospital, Jerusalem. Translated by Gertrude Kallner, M.D.; With a Foreword by Max Thorek, M.D., F.I.C.S., Professor Surgery, Cook County Graduate School of Medicine, Chicago. Grune & Stratton, New York, 1947. Price $6.50.

A HISTORY OF THE AMERICAN MEDICAL ASSOCIATION, 1847-1947: By Morris Fishbein, M.D., with the Biographies of the Presidents of the Association by Walter L. Bierring, M.D., and with Histories of the Publications, Councils, Bureaus, and Other Official Bodies. 1226 pages. Philadelphia and London: W. B. Saunders Company, 1947. Price $10.00.

A MANUAL OF OTOLOGY, RHINOLOGY AND LARYNGOLOGY: By Howard Charles Ballenger, M.D., F.A.C.S., Associate Professor of Otolaryngology, Northwestern University School of Medicine, Chicago, Illinois. Third edition, enlarged and thoroughly revised. Published 1947. Octavo, 352 pages, with 135 illustrations and 3 color plates. Lea & Febiger, Philadelphia. Price $4.50.

A MANUAL OF THE COMMON CONTAGIOUS DISEASES: By Philip Moen Stimson, A.B., M.D., Associate Professor of Clinical Pediatrics, Cornell University Medical College; Visiting Physician, Willard Parker Hospital; Director, Poliomyelitis Service, The Knickerbocker Hospital; Medical Director, The Floating Hospital of St. John's Guild; Associate

(*Continued on page* 56)

DRINK

Coca-Cola

REG. U. S. PAT. OFF.



You trust its quality



The PATIENT APPRECIATES *this new*... "COSMETIC" TAR THERAPY

IN

ECZEMA

PSORIASIS

RINGWORM

OCCUPATIONAL DERMATITIS

FOLLICULITIS

SEBORRHEIC DERMATITIS

INTERTRIGO

INFANTILE ECZEMA

PITYRIASIS

VARICOSE ULCERS

PRURITUS

TINEA CRURIS

TARBONIS presents *all the therapeutic efficacy* of tar in an odorless, greaseless, non-staining, non-soiling, vanishing-type cream.

All the offensive tar odor is removed.

It cannot be detected on the skin after application.

It cannot stain or soil linen or clothing.

It requires no removal before reapplication.

It is NON-IRRITANT.

The active ingredient in TARBONIS is an especially processed Liquor Carbonis Detergens (5%), incorporated, together with lanolin and menthol, in a special vanishing-type cream.

The high therapeutic efficacy of Tarbonis has been demonstrated by a decade of clinical use. Tarbonis is packaged in 2¼ oz., 8 oz., 1 lb., and 6 lb. jars.

Physicians are invited to send for samples of Tarbonis and Sul-Tarbonis.

THE TARBONIS COMPANY
4300 Euclid Avenue • Cleveland 3, Ohio

TARBONIS
REG. U. S. PAT. OFF.

SUL-TARBONIS
WHEN SECONDARY INFECTION SUPERVENES

Sul-Tarbonis (Tarbonis with 5% Sulfathiazole) is packaged in 2¼ oz. and 1 lb. jars.

Your Advertisers

This is an index of those who serve the Medical Profession and support your journal. All advertisers are approved by your Journal Committee. It will help you to mention your Journal when writing them.

BODY SUPPORTS

J. E. Hanger, Inc., Chicago 5 52
Spencer, Inc., New Haven 7, Conn. 50
Spencer Support Shop, Chicago 2 50

CLASSIFIED

Classified Advertisements 60

FOODS

Borden Company, 350 Madison Ave., New York 10
Campbell Cereal Co., Minneapolis, Minn. 43
Coca Cola, Atlanta, Ga. 52
Knox Gelatin Laboratories, Johnston, N. Y.
Libby, McNeil & Libby, Chicago 9 25
Mead Johnson & Co., Evansville, Ind. .. Inside Back Cover
National Dairy Products, New York, N. Y. 37
Nestle's Milk Products, Inc., 155 E. 44th St., New York 17
Wander Company 360 N. Michigan Ave., Chicago

FINANCIAL AND INSURANCE

Medical Protective Co., Fort Wayne, Ind. 16
Physicians Casualty Co., Omaha, Neb. 57

PHARMACEUTICALS

Abbott Laboratories, North Chicago, Illinois 13
Ames Co., Inc., Elkhart, Ind.
Ar-Ex Cosmetics Inc., 6 N. Michigan Ave., Chicago 2, Ill. 60
Armour Laboratories, Chicago 9, Ill. 26
Ayerst, McKenna & Harrison Ltd., New York 16 15
Bristol Laboratories, Inc., Syracuse 1, N. Y. 20
Bristol-Meyers Co., New York
Ciba Company, Summit, N. J. 19, 41
Commercial Solvents Corp., Terre Haute, Ind. 45
Crookes Laboratories, Inc., 305 E. 45th St., N. Y.
Doho Chemical Corp., New York 13, N. Y.
Durex Products, New York
Otis E. Glidden & Co., Evanston
Gold Pharmacal Co., New York 59
Harrower Laboratories, Glendale, Calif. 21
Hoffman-LaRoche, Inc., Nutley, N. J. 24
Holland-Rantos Co., Inc., 551 Fifth Ave., New York 51
Hoosier Pharmacal Co., Indianapolis, Ind.
Hynson Westcott & Dunning, Charles and Chase Sts., Baltimore 44
International Pharmaceutical Corp., Boston 16
International Vitamin Corp., 50 E. 42nd St., New York City
Irwin, Neisler & Co., Decatur, Ill.
H. W. Kinney & Sons, Inc., Columbus, Ind. 14
Lanteen Medical Laboratories, Chicago 10 35
Thos. Leeming Co., 155 E. 44th St., New York 17 23
Lily, Eli & Co., Indianapolis, Ind. 31, 32, 33
Maltbie Chemical Co., Newark, N. J.
S. E. Massengill Co., Bristol, Tenn. 30
McNeil Laboratories, Inc., Philadelphia, Pa. 17
Merck & Co., Rahway, N. J.
Morris, Philip & Co., 119 Fifth Ave., New York
Nepera Chemical, Yonkers, N. Y. 47
Nion Corporation, Los Angeles 38, Calif. 38
Num Specialty Co., Pittsburgh, Pa. 58
Parke, Davis & Co., Detroit, Mich. 3, 55
Rare Chemicals, Inc., Flemington, N. J.
Reed & Carnrick, Jersey City 6, N. J.
Rees Davis Drugs, Meridan, Conn.
Reynolds & Co., R. J., Winston-Salem, N. C. 12
Roche-Organon, Inc., Nutley, N. J. 5
J. B. Roerig & Co., 536 Lake Shore Drive, Chicago 27
Schenley Laboratories, Inc., N. Y. 1, N. Y. 39
Schering Corp., Bloomfield, N. J. 11
Schmid, Julius, Inc., 423 W. 55th St., New York City .. 6
G. D. Searle & Co., P. O. Box 5100, Chicago Inside Front Cover
Sharp & Dohme, 11 Canal St., Chicago
Smith, Kline & French, Philadelphia 4, 22, 49
Frederick Stearns & Co., Detroit, Mich. 7
Swift & Co., Chicago 46
The Tarbonis Co., Cleveland 3, Ohio 53
Upjohn Co., Kalamazoo, Mich.
Walker Vitamin Products, Inc., New York 34
Wm. R. Warner & Co., 113 W. 18th St., New York
Warren-Teed Products Co., Columbus 8, Ohio
Whittaker Laboratories, Inc., New York City 29
White Laboratories, Inc. 8, 9
Winthrop Chemical Co., 70 Varick St., New York 28
Wyeth Incorporated 18
Zemmer Co., Pittsburgh, Pa. 60

SANATORIA AND SANITARIA

Costeff Sanatorium, Peoria, Ill. 58
Edward Sanatorium, Naperville, Ill. 56
Mitchell Farm, Peoria 57
Milwaukee Sanitarium, Wauwatosa, Wis. Back Cover
Norbury Sanatorium, Jacksonville, Ill. 56
North Shore Health Resort, Winnetka 58
Mary E. Pogue School, Wheaton, Ill. 59
Stokes Sanitarium, Louisville, Ky. 60

EQUIPMENT

General Electric X-Ray Corp., 2012 W. Jackson Blvd., Chicago
Picker X-Ray, New York 10, N. Y.

SCHOOLS

Washington University, St. Louis 10 29, 44

RADIUM

Central X-Ray & Clinical Laboratory, 58 E. Washington, Chicago 57
Physicians Radium Assn., 55 E. Washington St., Chicago 59

The subject is: Allergy

The advice, as usual, is: "SEE YOUR DOCTOR"

In LIFE and other national magazines, Parke-Davis presents a timely message about allergy (shown below). It appears in full color . . . reaches an audience of nearly 23 million people. It is No. 206 in the "See Your Doctor" series published in behalf of the medical profession.

Some things you should know about allergy

No. 206 in a series of messages from Parke, Davis & Co. on the importance of prompt and proper medical care.



feather one may bring surprisingly effective relief.

MEDICAL SCIENCE has discovered many interesting things about allergy.

If today you tell your doctor that you suffer from asthma, sneezing attacks, or itching eyes, one thing he considers is the possibility that you may be *allergic*—which means that you may be sensitive to some substance which causes no trouble for most people.

In discovering this offending substance (known as an allergen), your doctor acts as a detective. He may ask detailed questions about the time of your attacks, where they occur, the furnishings of your home, the food you eat.

Such questions may give him clues to the nature of your trouble. If your attacks come, for instance, in the late spring or summer months and last till the first frosts, he will suspect that your trouble is due to some pollen, that you may have some form of "hay fever."

In other forms of allergy, it is not so easy to track down the offending substance. If your case is not clear-cut, your doctor must consider hundreds of possibilities.

A few grains of mustard can make some people violently ill. A man can be sensitive to his wife's face powder, or to dog hair, or grass pollen, or to the cattle hair in the mat under a rug.

Simple skin tests are often used to reveal the offending substance. Drops of various extracts—of pollen, foods, and other substances—are injected into the skin or put on skin scratches. If you are sensitive to the substance being tested, a swelling will usually develop within a few minutes.

Once a doctor has found what causes the allergic reaction—by means of the history of the case supplemented by skin tests—he will prescribe treatment according to the nature of the patient's sensitivities.

If the patient is allergic to a particular food, the easiest solution is to avoid the food. If his sensitivity is to feathers, the substitution of a fibre pillow for a

If the allergen is house dust or pollen, or something else that cannot be easily avoided, a series of inoculations may be suggested.

Some people, however, do not respond to this type of treatment, or are sensitive to too many different things to make inoculations a practical procedure. New chemical drugs—developed to control allergic reactions in certain types of allergy—are showing promise. They are to be used, of course, only under the direction of a physician.

SEE YOUR DOCTOR. If you suffer from recurring and unexplained attacks of sneezing, skin rashes, or asthma, see your doctor. In allergy, as in other medical problems, your physician can give you more help today than ever before.

Makers of medicines prescribed by physicians

COPYRIGHT 1950—PARKE, DAVIS & COMPANY

PARKE, DAVIS & CO.

Research and Manufacturing Laboratories • Detroit 32, Mich.

The NORBURY SANATORIUM

JACKSONVILLE, ILLINOIS INCORPORATED and LICENSED

For the Treatment of Nervous and Mental Disorders

DR. ALBERT H. DOLLEAR, Superintendent
DR. FRANK GARM NORBURY, Medical Director
DR. SAMUEL N. CLARK, Physician
DR. HENRY A. DOLLEAR, Associate Physician
DR. FREDERICK A. CAUSEY, Associate Physician in Residence

Address Communications THE NORBURY SANATORIUM, Jacksonville, Illinois

BOOKS RECEIVED (Continued)

Attending Pediatrician, The New York Hospital; Consulting Pediatrician, The Meadowbrook, Bergen Pines, and Norwegian Lutheran, Hospitals. Fourth Edition, Thoroughly Revised with 67 Illustrations and 8 Plates, 6 in Color. Lea & Febiger, Philadelphia, 1947. Price $4.00.

CURARE, ITS HISTORY, NATURE AND CLINICAL USE: By A. R. McIntyre, Ph.D., M.D. Professor of Physiology and Pharmacology, College of Medicine, The University of Nebraska. The University of Chicago Press, Chicago, Illinois, 1947. Price $5.00.

GYNECOLOGY, With a Section on FEMALE UROLOGY: By Lawrence R. Wharton, Ph.B., M.D., Assistant Professor of Gynecology, The Johns Hopkins Medical School; Assistant Attending Gynecologist, The Johns Hopkins Hospital; Consultant in Gynecology, The Union Memorial Hospital, Hospital for the Women of Maryland, Sinai Hospital and Church Home and Infirmary. Second Edition. 1027 pages, with 479 illustrations. Philadelphia and London: W. B. Saunders Company, 947. Price $10.00.

HISTOPATHOLOGY OF THE EAR, NOSE AND THROATS By Andrew A. Eggston, B.S., M.D., Director of Laboratories Manhattan Eye, Ear and Throat Hospital, Clinical Professor of Pathology (Post Graduate Division) New York University Medical College. Director of Laboratories of The Mount Vernon Hospital. Pathologist, Harlem Eye and Ear Hospital. Diplomate of Pathology. Formerly Associate in Pathology, Vanderbilt University Medical School, and College of Physicians and Surgeons, Columbia University. And, Dorothy Wolff, A.B., M.A., Ph. D., Research Investigator, Endaural Hospital, New York City Fellow in Research, Harvard Medical School. Formerly Assistant in Applied Anatomy and Pathology in Otolaryngology, Washington University Medical School, St. Louis, Mo., Baltimore, The Williams & Wilkins Company, 1947. Price $18.00.

DISEASES TRANSMITTED FROM ANIMALS TO MAN: By Thomas G. Hull, Ph.D., Director The Scientific Exhibit, American Medical Association. Third Edition. Contributors: Charles Armstrong, M.D., R. E. Dyer, M.D., Ernest C. Faust, Ph.D., William H. Feldman, D.V.M., Robert Graham, D.V.M., William A. Hagan, D.V.M., I. Forest Huddleson, D.V.M., R. A. Kelser, D.V.M., Joseph V. Klauder, M.D., C. D. McGilvray, V.S., M.D.V., D.V.Sc., Karl F. Meyer, D.V.M., M.D., Henry Field Smyth, M.D., Fred L. Soper, M.D., Fred D. Weidman, M.D., Charles C. Thomas, Publisher, Springfield, Illinois, 1947. Price, $10.50.

JOURNAL OF THE HISTORY OF MEDICINE AND ALLIED SCIENCES. Subscription rate is $7.50 in the U.S., Canada and Latin America; $8.50 elsewhere. Single copies, $2.50. Published Quarterly by Henry Schuman, 20 East 70th Street, New York 21, N. Y. January, 1946, Volume I, Number 1.

Edward Sanatorium

NAPERVILLE, ILLINOIS
(30 miles west of Chicago)
Est. 1907 by Dr. Theodore B. Sachs

FOR THE TREATMENT OF TUBERCULOSIS

Jerome R. Head, M.D.—Chief of Staff
Ideally situated — beautiful landscaped surroundings — modern buildings and equipment
A-A rating by Illinois Department of Health
Full approval of the American College of Surgeons
Active Institutional member of the American Hospital Association
For detailed information apply to—

Business Office at the Sanatorium Telephone Naperville 450

NERVOUS and MENTAL DISEASE

FOR MILD CASES *FOR SEVERE CASES*

MICHELL FARM — **MICHELL SANATORIUM**

Licensed by State of Illinois

George W. Michell, M.D., Medical Director

INFORMATION ON REQUEST

106 North Glen Oak Ave., Ph. 3-5179, Peoria, Ill.

Chicago Office:

46 East Ohio Street . . . Phone Delaware 6770



GENEALOGY OF SEX HORMONES

In honor of the 100th Anniversary of the American Medical Association, the Schering Corporation has issued a study of the historical development of the male, female and corpus luteum hormones entitled *Genealogy of Sex Hormones.* This commemorative keepsake contains a colorful family tree describing the struggle for knowledge of the hormones over 23 centuries of medical history. The painting, by the American artist Antonio Petrucelli, depicts scenes ranging from the studies of Aristotle in the 4th Century B. C. to the modern development of pure crystalline hormones.

Included with the family tree is a commentary on the contributions of the anatomists, physiologists and chemists whose studies have aided in the discovery and application of these hormones. A bibliography and general reference provide a guide to the history of endocrine research through the ages and a suggested guide for further reading.

The family tree itself was the central feature of the technical exhibit of Schering, the world's largest manufacturer of sex hormones, at the A.M.A. Convention. Many requests for copies have already been received by the Professional Service Division, Schering Corporation, Bloomfield, New Jersey, and Schering is glad to send the publication to any doctor who desires it.

ACCIDENT - HOSPITAL - SICKNESS

INSURANCE

FOR PHYSICIANS, SURGEONS, DENTISTS EXCLUSIVELY

ALL PREMIUMS COME FROM — PHYSICIANS SURGEONS DENTISTS — ALL CLAIMS GO TO

$5,000.00 accidental death $25 weekly indemnity, accident and sicknes	**$8.00** Quarterly
$10,000.00 accidental death $50 weekly indemnity, accident and sickness	**$16.00** Quarterly
$15,000.00 accidental death $75 weekly indemnity, accident and sickness	**$24.00** Quarterly
$20,000.00 accidental death $100 weekly indemnity, accident and sickness	**$32.00** Quarterly

ALSO HOSPITAL EXPENSE FOR MEMBERS WIVES AND CHILDREN

86c out of each $1.00 gross income used for members' benefit

$3,000,000.00 **INVESTED ASSETS**

$14,500,000.00 **PAID FOR CLAIMS**

$200,000.00 deposited with State of Nebraska for protection of our members.

Disability need not be incurred in line of duty—benefits from the beginning day of disability

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

45 years under the same management

400 First National Bank Building — OMAHA 2, NEBRASKA

Radium Rental
Prompt Service

Deep X-Ray & Radium Therapy

Central X-Ray & Clinical Laboratory

Fred F. Schwartz, M.D., Director.

58 E. Washington St., Dear. 6960

CHICAGO, ILL.

"How can I get a book edited, printed, and bound?"

With professional care, EDIT, INC., will edit your manuscript, plan a dignified format, and handle all details of typesetting, printing, and binding.

A complete publication service for professional books

Edit *inc.*, 230 East Ohio St., Chicago 11, Illinois



NORTH SHORE HEALTH RESORT
WINNETKA, ILLINOIS

on the Shores of Lake Michigan

A completely equipped sanitarium for the care of
nervous and mental disorders, alcoholism and drug addiction
offering all forms of treatment, including electric shock

Samuel Liebman, M.S., M.D.
Medical Director

FULLY APPROVED BY THE AMERICAN COLLEGE OF SURGEONS

225 Sheridan Road Phone Winnetka 211

J.A.M.A. SAYS 6,959 WERE ADDED TO U.S. PHYSICIAN RANKS IN 1946

Death Removes 3,358 Doctors, Leaving An Approximate Increase Of 3,601; Most Licenses Issued in California

There were 6,959 addition to the medical profession in 1946, according to data presented in the 45th annual compilation on medical licensure and allied statistics by the Council on Medical Education and Hospitals of the American Medical Association and published in the May 17 issue of *The Journal of the American Medical Association.*

"The number of physicians removed by death in the United States, possessions and territories, and those physicians temporarly located in a foreign country in the same period was 3,358," *The Journal says,* adding: "Thus the physician population in the United States was increased by 3,601."

During the year 1946 there were 16,129 licenses to practice medicine issued by the medical examining boards of the 48 states, the District of Columbia, Alaska, Hawaii, Puerto Rico an the Virgin Islands. Of the 16,129 licenses issued 6,559 were granted after examination and 9,570 by reciprocity and endorsement of state licenses or the certificate of the National Board of Medical Examiners. These figures represent an unprecedented increase over all previous years in both groups.

The greatest number of licenses during the last calendar year were issued in California, 2,045. Both New York and Illinois licensed more than 1,000. Five other states registered over 500; Michigan, New Jersey, Ohio, Pennsylvania and Texas. No state licensed fewer than 30. Comparison of like data presented for the year 1945 indicates an increase in all but three statess: Arkansas, Indiana and Tennessee. The increase was spectacular not only in certain states with large urban populations but also in some rural states.

While the more pronounced increase was evident in the group licensed without examination, the group who were registered after written examination was more than 1,000 greater than in 1945. These figures apparently reflect mainly the migration of veteran medical officers who are not returning to their original state of practice and those medical officers representing recent graduates who were licensed prior to entry on active duty with the armed forces but returned to a new state. Previous compilations indicated that the accelerated program in medical schools (July 1, 1942 to July 1, 1945) produced 20,662 physicians in this three year 1945 indicates an increase in all but three states: sive 35,821 physicians received licenses. The graduation of extra class under the accelerated program and the slight increase in enrollment in all medical schools, while intended primarily for the production of additional physicians to aid in the care of the armed forces, is now probably providing a greater physician-civilian population ratio in the country generally.

COSTEFF SANITARIUM
Mental and Nervous Disorders
Alcoholism and Drug Addiction

- **SHOCK TREATMENT** (Insulin, Metrazol Electro-shock) administered in suitable cases
- **ARTIFICIAL FEVER THERAPY**

Home like environment, individual attention. MODERATE RATES.

Licensed by the State of Illinois

HARRY COSTEFF, M. D., Medical Director
1109 NO. MADISON AVE., PEORIA, ILL.
Phone 4-0156 Literature on request.



in whooping cough

ELIXIR BROMAURATE

GIVES EXCELLENT RESULTS

Cuts short the period of illness and relieves the distressing spasmodic cough. Also valuable in Bronchitis and Bronchial Asthma.

In four-ounce original bottles. A teaspoonful every 3 to 4 hours.

Prescribed by Thousands of Doctors

GOLD PHARMACAL CO. **NEW YORK CITY**

The greatest number of graduates of any one school examined was 348, representing the University of Illinois College of Medicine, 281 of whom were examined in Illinois and 67 in 18 other states. Graduates of the University of Pennsylvania were examined in the greatest number of states—30. Northwestern allumni were tested in 29 states and Harvard Medical School in 28 states.

Thirteen approved schools in the United States had no failures before medical licensing boards, 35 less than five per cent and 14 between five and 10 per cent.

Altogether there were 7,605 candidates who appeared before medical examining boards in 1946, of whom 6,853 passed and 752, or 9.9 per cent failed. The number tested exceeded the 1945 figure by 1,015. The greatest percentage of failures represented two groups —foreign schools and unapproved schools.

Increases in the physician population arranged in nine geographic divisions of the United States show that the East North Central and Middle Atlantic group of states added the greatest number, 1,521 and 1,460 respectively. More than 500 were added in five other groups—New England 620, West North Central 770, South Atlantic 888, West South Central 580 and Pacific 606. The East South Central States added 318, the Mountain states 144 and the territories and possessions 52. Alaska did not add a single physician to the medical profession last year in this compilation of first licenses.

Radium Rental Service

By

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

●

The Physicians Radium Association

Room 1307—55 East Washington St.,
Pittsfield Bldg., CHICAGO 2, ILL.

Telephones: Central 2268-2269

Wm. L. Brown, M.D., Director

Wm. L. Brown, Jr., M.D., Associate



THE MARY POGUE SCHOOL

Complete facilities for training retarded and epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

Recreational facilities include riding, group games, selected movies under competent supervision.

Separate buildings for boys and girls under 24 hour supervision of skilled personnel.

Catalogue on request.

G. H. Marquardt, M.D. *Medical Director*

Barclay J. MacGregor *Registrar*

33 GENEVA ROAD, WHEATON, ILLINOIS

(near Chicago)

Zemmer PHARMACEUTICALS

ATHLETE'S FOOT

OINTMENT TINEASOL
(Night Treatment)
Composition: Acid Benzoic, Acid Salicylic, Chlorothymol, Benzocaine, and Zinc Oxide. Supplied in 1 oz. and ½ oz. collapsible tubes, also 1 lb. jars.

PULVIS THI-OXIQUIN
(Day Treatment)
Composition: Sodium Thiosulfate, Oxyquinoline Sulfate, Thymol and Acid Boric. Supplied in ¾ oz. puffer tubes.

Literature and prices supplied on request.
Chemists To The Medical Profession and Drug Trade. IL 8-47

THE ZEMMER COMPANY, Oakland Station, Pittsburgh 13, Pa.

HERTZLER MANUSCRIPTS TO UNIVERSITY OF ILLINOIS

Manuscripts of four books, 34 unpublished addresses, and miscellaneous writings by the late Dr. Arthur E. Hertzler, famed "horse and buggy doctor" of Halstead, Kan., have been presented to the University of Illinois.

The University announced that the manuscripts have been received from Dr. Irene Anita Koeneke, widow of Dr. Hertzler.

The four published book manuscripts are "The Doctor and His Patients," 1940; "The Grounds of an Old Surgeon's Faith," 1944; "Ventures in Science of a Country Surgeon," 1944; and "Always the Child," 1946, the last book published by Dr. Hertzler. The original manuscript of "The Horse and Buggy Doctor," first published in 1938, will be presented to the University by Dr. Koeneke in the near future.

Miss Wilma Troxel, professional colleges' librarian, said the manuscripts will be sorted and bound, and added to the 7,000-volume private medical library which Dr. Hertzler presented to the University in 1937.

In addition to the gifts, Dr. Hertzler contributed $54,000 to the University three years ago to establish a foundation in visual education in medicine.

NEW LOCATION FOR HANGER

J. E. Hanger, Inc., manufacturer of artificial legs, arms, and braces recently moved to modern quarters at 527 S. Wells Street. The company, which also sells trusses, arch supports and elastic stockings, had its origin in Virginia in 1861 and today has more than fifty factories throughout the United States, Canada, England, France and Scotland.

The new office has modern fitting rooms, walking ramps and walking racks with mirrors, and has ample parking facilities for the convenience of those who travel by automobile.

Classified Ads

RATES FOR CLASSIFIED ADVERTISEMENTS—For 30 words or less: 1 insertion, $3.00; 3 insertions, $8.00; 6 insertions, $14.00; 12 insertions, $24.00; from 30 to 50 words: 1 insertion, $4.00; 3 insertions, $10.50; 6 insertions, $20.00; 12 insertions, $30.00. Extra words: 1 insertion, 10c each; 3 insertions, 25c each; 6 insertions, 40c each; 12 insertions, 50c each. A fee of 25c is charged for those advertisers who have answers sent care of the Journal. Cash in advance must accompany copy.

FOR SALE: 10 to 12 thousand dollar unopposed practice 60 miles from Chicago Loop. 500 population, excellent surrounding country, 12 miles to 3 hospitals. I am on staff of all 3. Write Box 130, Illinois Medical Journal, 30 N. Michigan, Chicago 2.

FOR SALE: By Physician's widow: Two story building, Doctor's office, equipment and home. General practice 34 years. Reasonable. Address Box 129, Illinois Medical Journal, 30 N. Michigan, Chicago 2.

FOR SALE: Large home with 9 acres of land on banks of Des Plaines River in Lake County. Twenty-five miles from Chicago Loop. Ideal for a rest home. Immediate possession, terms if desired. WESTON E. DAVIE & CO., 42 Green Bay Road, Winnetka 4500.

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our **ALCOHOLIC** treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquor withdrawn gradually, no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The **DRUG** treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

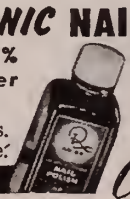
NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101

EYELID DERMATITIS
Frequent symptom of nail lacquer allergy



New **AR-EX *HYPO-ALLERGENIC* NAIL POLISH**
In clinical tests proved SAFE for 98% of women who could wear no other polish used.
At last, a nail polish for your allergic patients. In 7 lustrous shades. Send for clinical resume.



EXCLUSIVELY BY AR-EX Cosmetics

AR-EX COSMETICS, INC. 1036 W. VAN BUREN ST., CHICAGO 7, ILL.

1000 cc. flasks
500 cc. flasks
125 cc. flasks
for hospitals.



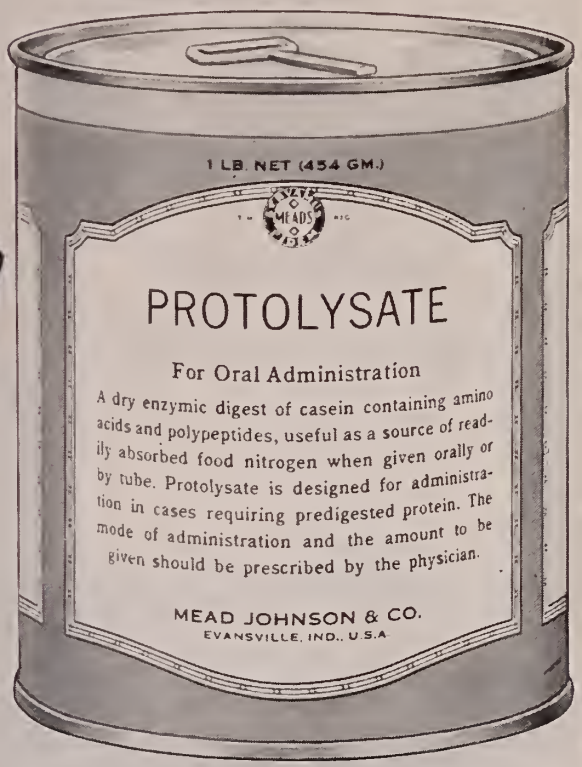
COUNCIL-ACCEPTED
AMIGEN
for parenteral administration of amino acids

The function of Amigen and Protolysate is to supply the amino acids essential for nutrition. Both can be given in place of protein when protein cannot be eaten or digested, or in addition to protein when the protein intake is insufficient. Administered in adequate amounts, they prevent wastage of protein, restore previous losses, or build up new body protein.

COUNCIL-ACCEPTED
PROTOLYSATE
for oral and tube feeding of amino acids

Like Amigen, Protolysate is an enzymic digest of casein and consists of amino acids and polypeptides. Like Amigen, Protolysate supplies the nitrogen essential for maintenance, repair and growth.

Unlike Amigen, which may be employed both orally and parenterally, Protolysate is designed only for oral use.



1 lb. cans at drug stores

MEAD JOHNSON & CO., EVANSVILLE 21, INDIANA

There is no shortage now of AMIGEN for parenteral use. There is no shortage now of PROTOLYSATE for oral use.

N Y Acad of Med
5 Ave & 103rd St
New York N Y
Lxch



COLONIAL HALL
One of the 14 Units in "Cottage Plan"

FOR NERVOUS DISORDERS

MAINTAINING the highest standards for more than a half century, the Milwaukee Sanitarium stands for all that is best in the care and treatment of nervous disorders. Photographs and particulars sent on request.

Josef A. Kindwall, M. D.
Carroll W. Osgood, M. D.
William T. Kradwell, M. D.
Benjamin A. Ruskin, M. D.
Lewis Danziger, M. D.
Russell C. Morrison, M. D.
E. Madison Paine, M. D.
H. Gladys Spear, M. D.
Arthur J. Patek, M. D.

G. H. Schroeder
Business Manager

MILWAUKEE SANITARIUM

WAUWATOSA—WISCONSIN

PHYSICIAN'S CHICAGO OFFICE—1117 Marshall Field Annex—Wednesdays, 1-3 P.M.—Central 1162

The ILLINOIS Medical Journal

THE N.Y. ACADEMY OF MEDICINE
OCT 15 1947
LIBRARY

VOL. 92 NO. 3

September, 1947

In This Issue

Man Looks To Medicine

Bulbar Poliomyelitis:
Its Diagnosis and Treatment

Poliomyelitis-
A Review of 225 Cases

(See page 37 for complete Table of Contents)

OFFICIAL JOURNAL OF THE ILLINOIS STATE MEDICAL SOCIETY

Indicated in

urticaria

hay fever

allergic rhinitis (perennial)

atopic dermatitis

allergic rhinitis with asthma

asthma

eczematous dermatitis

angioneurotic edema

miscellaneous dermatitides.

new antihistaminic

HYDRYLLIN

—a recent development of Searle Research—has an antihistaminic action which may be expected to result in increased therapeutic effectiveness with minimized side reactions.

Each tablet of Hydryllin contains:

Diphenhydramine* (Searle) 25 mg.

Aminophyllin (Searle) 100 mg.

SEARLE

RESEARCH IN THE SERVICE OF MEDICINE

*Diphenhydramine is the name adopted by the Council on Pharmacy and Chemistry of the American Medical Association for beta-dimethylaminoethyl benzohydryl ether.

Entered as Second-Class Matter July 21, 1919, at the Post Office, Oak Park, Illinois, under the Act of March 8, 1879. Acceptance for mailing at special rate of postage provided for in section 1102, Act of October 8, 1917, authorized July 15, 1918. Office of Publications, 715 Lake Street, Oak Park, Ill.



Lutocylin

Lutocylol

PROTECTION IN PREGNANCY against threatened ar habitual abartian has been successfully achieved by Lutacylin—Ciba's brand af pragesterane—ar its aral equivalent, Lutacylal.

Lutacylin, Lutacylal (brands af pragesterane and anhydrahydroxypragesterane, respectively). Trade Marks Reg. U. S. Pat. Off. and Canada.

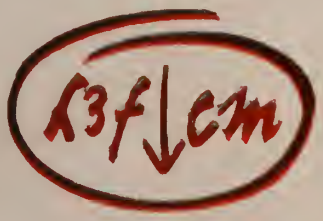
Far further infarmatian, write Prafessianal Service Department.

CIBA PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

SYMBOLS OF SIGNIFICANCE

Digifortis Kapseals





Enlarged liver and dependent edema too often usher in the cardiac patient who has delayed visiting his physician on the false hope that time alone would cure his ills. Prompt digitalization with KAPSEALS DIGIFORTIS may be rewarded by early compensation and disappearance of congestive signs.

Meticulously prepared and precisely standardized, KAPSEALS DIGIFORTIS is a Parke-Davis product whose past and present history of clinical success in the treatment of heart disease constantly reaffirms the mark of Parke-Davis as a symbol of therapeutic significance.

KAPSEALS DIGIFORTIS, each the equivalent of 0.1 Gm. (1½ gr.) International Standard Digitalis, are available in bottles of 100 and 500.



PARKE, DAVIS & COMPANY · DETROIT 32, MICHIGAN

The medication of choice in TOPICAL CHEMOTHERAPY



White LABORATORIES, INC.,
Pharmaceutical
Manufacturers,
Newark 7, N. J.

OF OTOLOGIC INFECTIONS

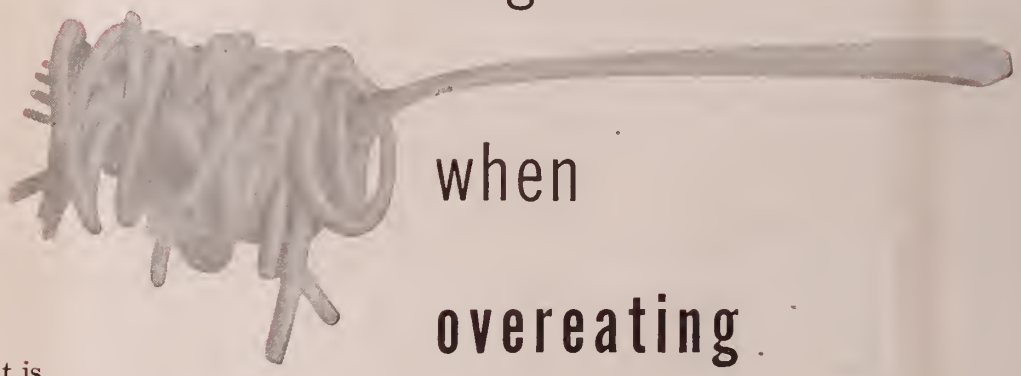
1. **ANALGESIC:** Prompt, effective—without impaired sulfonamide activity.
2. **WIDE FIELD:** Effective in BOTH acute AND chronic otitis media—fungicidal action in otomycotic infection.
3. **ADJUNCTIVE:** A valuable aid to systemic therapy—often reduces need for intensive systemic sulfa medication, thereby averting untoward or toxic reactions.
4. **HIGH DIFFUSION:** Penetrates infected tissues without harmful effects to living tissues.
5. **PHYSIOLOGICAL DEBRIDEMENT:** Promotes drainage and removal of necrotic debris.
6. **POTENTIATION:** Enhanced antibacterial potency.

White's Otomide is composed of 5% Sulfanilamide, 10% Urea (Carbamide) and 3% Anhydrous Chlorobutanol in a specially processed glycerin vehicle of unusually high hygroscopic activity. Supplied in dropper bottles of ½ fluid ounce (15 cc.)

White's Otomide

TOPICAL OTOLOGIC CHEMOTHERAPY

weight
reduction
begins
when
overeating
stops



It is
no longer necessary
to subject the over-
weight patient to the
administration of such
potentially dangerous
drugs as thyroid.

Because **Dexedrine** sulfate
(dextro-amphetamine sulfate, S.K.F.)
curbs appetite and thereby
enables the patient
to stop overeating, the
desired weight loss can be
achieved—and maintained—
easily and safely
with Dexedrine alone.
Smith, Kline & French
Laboratories, Philadelphia

tablets
elixir

for control of appetite in weight reduction

Whole protein is more efficient
metabolically and more practical clinically
than any combination of protein fractions
designed to be given by mouth.
Whole protein is palatable,
better tolerated, and acceptable
for longer periods of time.
'DELCOS' Granules provide whole
proteins of highest biologic value
(casein and lactalbumin), protected
by carbohydrate, 30%.
This unique combination is about
20% more effective biologically
than beefsteak.
'DELCOS' Granules are palatable,
even in large doses, and easily
digested by all but
those few patients who exhibit
radical enteric dysfunction.
When oral protein is indicated,
supplement the diet
with 'DELCOS' Granules,
the protein that patients accept,
dose after dose, day after day.

practical
palatable
protein

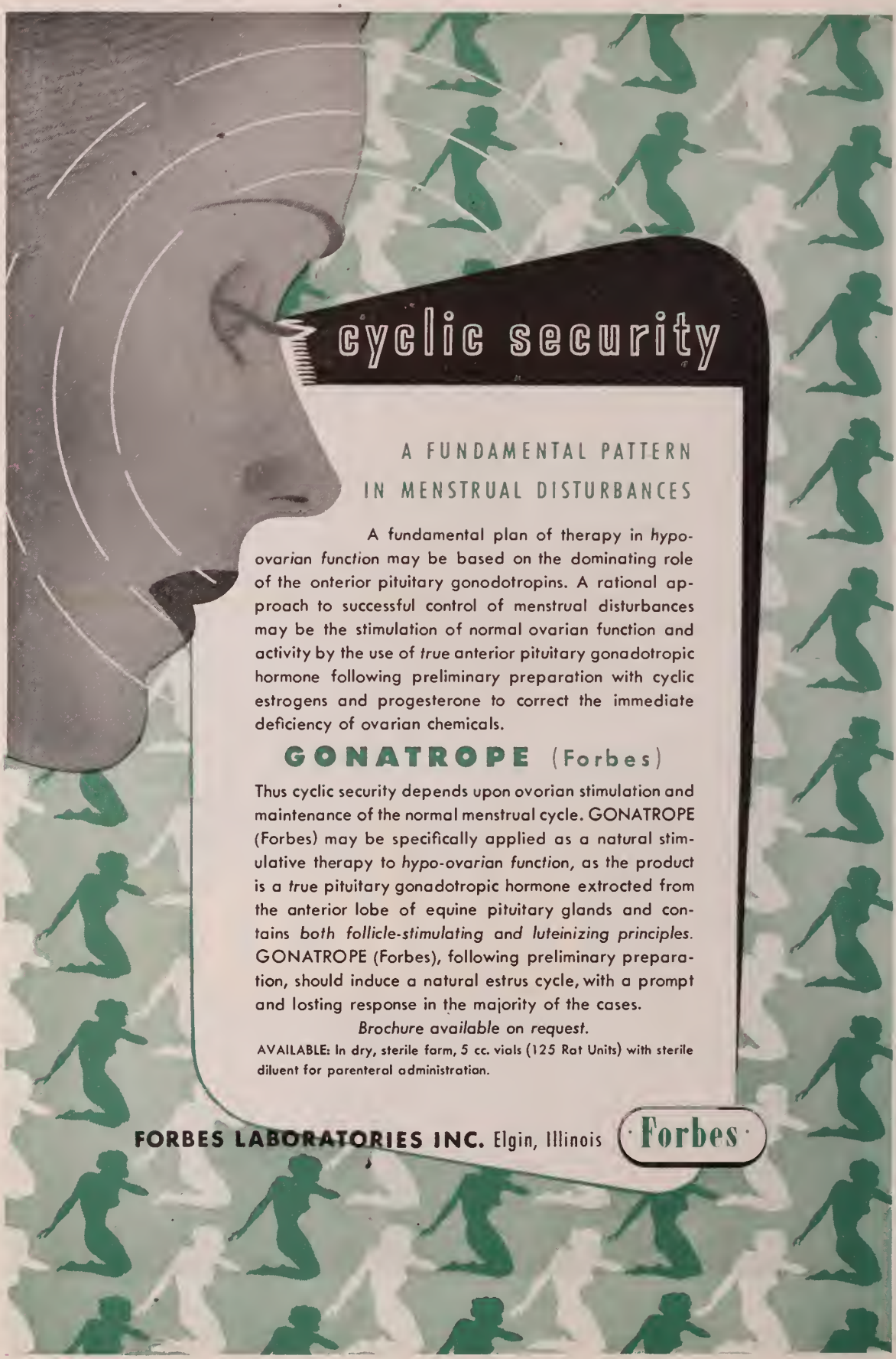
SHARP & DOHME

'delcos'

protein-carbohydrate
granules

Supplied in 1-lb. and
5-lb. wide-mouthed jars.

Sharp & Dohme, Philadelphia 1, Pa.



cyclic security

A FUNDAMENTAL PATTERN
IN MENSTRUAL DISTURBANCES

A fundamental plan of therapy in *hypo-ovarian function* may be based on the dominating role of the onterior pituitary gonodotropins. A rational approach to successful control of menstrual disturbances may be the stimulation of normal ovarian function and activity by the use of *true* anterior pituitary gonadotropic hormone following preliminary preparation with cyclic estrogens and progesterone to correct the immediate deficiency of ovarian chemicals.

GONATROPE (Forbes)

Thus cyclic security depends upon ovorian stimulation and maintenance of the normal menstrual cycle. GONATROPE (Forbes) may be specifically applied as a natural stimulative therapy to *hypo-ovarian function,* as the product is a *true* pituitary gonadotropic hormone extrocted from the anterior lobe of equine pituitary glands and contains *both follicle-stimulating and luteinizing principles.* GONATROPE (Forbes), following preliminary preparation, should induce a natural estrus cycle, with a prompt and losting response in the majority of the cases.

Brochure available on request.

AVAILABLE: In dry, sterile form, 5 cc. vials (125 Rat Units) with sterile diluent for parenteral administration.

FORBES LABORATORIES INC. Elgin, Illinois

Forbes



"The most serious result of rickets..."

In the opinion of many clinicians, "pelvic distortion . . . is the most serious result of rickets."[1] Severe deformities which "obstruct childbirth and may cause death of both mother and infant"[2] as well as "the so-called 'simple flat' pelvis"[3] are often "rachitic in origin."[3] In the prevention of rickets and other vitamin deficiency syndromes, the use of Vi-Penta Drops 'Roche' offers clinically important advantages. The drops are willingly taken even by "difficult" patients since they are miscible and may be added to milk, fruit juice or other foods without significantly affecting the flavor. The comprehensive formula of Vi-Penta Drops supplies in each 10-minim dose no less than 1000 U.S.P. units of vitamin D *plus* ample amounts of vitamins A, B_1, B_2, C and niacinamide. Vi-Penta Drops are available in 15-cc and 30-cc vials. For a free trial supply, write to department V-3, Hoffmann-La Roche Inc., Roche Park, Nutley 10, New Jersey.

1. F. Bicknell and F. Prescott, The Vitamins in Medicine, Grune & Stratton, 1946.

2. M. M. Eliot and E. A. Park, Brennemann's Practice of Pediatrics, W. F. Prior Co., Inc., 36:66, 1946.

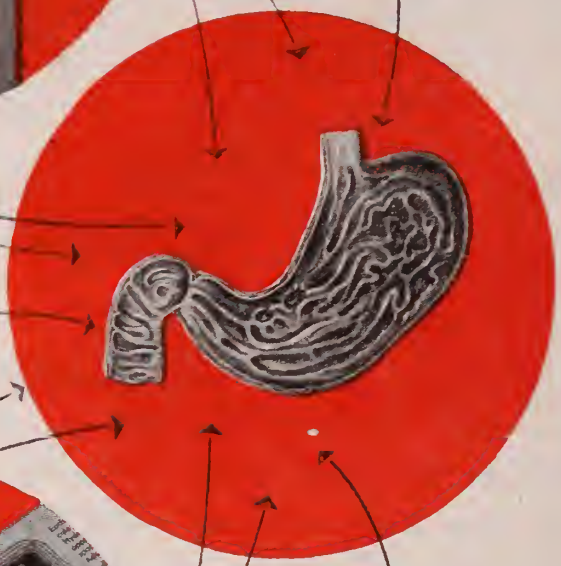
3. J. B. De Lee and J. P. Greenhill, Obstetrics, W. B. Sanders, 1943.

VI-PENTA DROPS 'ROCHE'

T.M.—Vi-Penta—Reg. U. S. Pat. Off.

HOFFMANN-LA ROCHE INC · NUTLEY 10 · NEW JERSEY







WHAT PRICE RELIEF?

There is No toll exacted for relief when GELUSIL* Antacid Adsorbent is used in peptic ulcer.

Constipation typical of most alumina-gels is rarely a factor when 'GELUSIL' is the selected therapy. There is usually: *NO INTERRUPTION IN HEALING PROGRESS—NO DELAY IN RECOVERY.*

'GELUSIL' 'WARNER'

'GELUSIL' Antacid Adsorbent is supplied in battles of 6 and 12 fluidounces.

'GELUSIL' Tablets are supplied for the ambulant ulcer patient; baxes of 50 and 100 tablets, wrapped individually in cellophane far convenience and portability.

WILLIAM R. WARNER & CO., INC.
113 West 18th Street • New York 11, N. Y.

*Trademark Reg. U. S. Pat. Off.

PREOPERATIVE

PREPARATION

"... the protein deficient individual is a poor operative risk."
Lund and Levenson: J.A.M.A. 128:95, 1945

"When time is available to improve protein nutrition before surgery and when this time is used efficiently for this purpose, the reduction in postoperative shock and other complications is impressive."

Editorial: Surg., Gynec. & Obst. 83:259, 1946



POSTOPERATIVE

REPARATION

"... the patient maintained in positive nitrogen balance recovers from major surgery more rapidly than does the patient who is not in nitrogen equilibrium."

Koop: Geriatrics 1:269, 1946

Parenamine

Parenteral Amino Acids

FOR PROTEIN DEFICIENCY

Preparative: To improve and protect the nutritional status of the severely malnourished or critically ill patient . . . as fortification against the shock of major surgery.

Reparative: To provide, in ample quantity, the amino acids essential to tissue repair . . . to hasten healing and shorten convalescence.

Parenamine is a 15 per cent sterile solution of all the amino acids known to be essential for humans . . . derived by acid hydrolysis from casein and fortified with *dl*-tryptophane.

For use whenever dietary measures are inadequate for correction and maintenance of positive nitrogen balance . . . to replenish depleted body protein stores. *Particularly indicated* in pre- and postoperative management, extensive burns, gastro-intestinal obstruction, etc.

Supplied in 100 cc. rubber-capped bottles.

ACCEPTED AMERICAN MEDICAL ASSN.

Frederick Stearns & Company

Division

DETROIT 31, MICHIGAN

NEW YORK KANSAS CITY SAN FRANCISCO ATLANTA WINDSOR, ONTARIO SYDNEY, AUSTRALIA AUCKLAND, NEW ZEALAND

Trade-Mark *Parenamine* Reg. U. S. Pat. Off.

Ulcer Therapy
No. 4 OF A SERIES

Modern Management of Peptic Ulcer

Preventing Seasonal Recurrence



Spring and fall are Amphojel® time because peptic ulcer recurs most frequently in these seasons. Nearly half the recurrent attacks come in the fall and a third more in the spring. The factors which predispose an individual to ulcer are his for life.

Authorities agree that many ulcer flare-ups can be prevented by timely prophylaxis. Without waiting for warning symptoms, it is wise to resume a bland ulcer diet and Amphojel in the spring and fall. Prophylactic doses of Amphojel are also indicated at times of emotional or nervous stress, unusual fatigue, or infection.

Standard treatment in the modern management of peptic ulcer is based on Amphojel®, Alumina Gel, Wyeth. Amphojel provides prompt relief from pain . . . complete security against alkalosis or "acid rebound" . . . nutritional and psychological advantages of a liberal bland diet . . . faster weight gain during treatment. And Amphojel is ideal for the control of uncomplicated gastric hyperacidity.

Other Wyeth specialties valuable in treating peptic ulcer are:

Amphojel without Flavor—for patients who prefer an unflavored preparation

Amphojel Tablets—for convenience of ambulatory patients

Amphojel with Magnesium Trisilicate—for ulcer patients with constipation

Amphojel with Mineral Oil—for ulcer patients with constipation

Phosphaljel®—(Aluminum Phosphate Gel)—for marginal ulcer; ideal for drip therapy in bleeding or refractory cases

WYETH INCORPORATED Wyeth® **PHILADELPHIA 3, PA.**

®=Reg. U. S. Pat. Off.

BRISTOL Penicillin in Oil and Wax is now

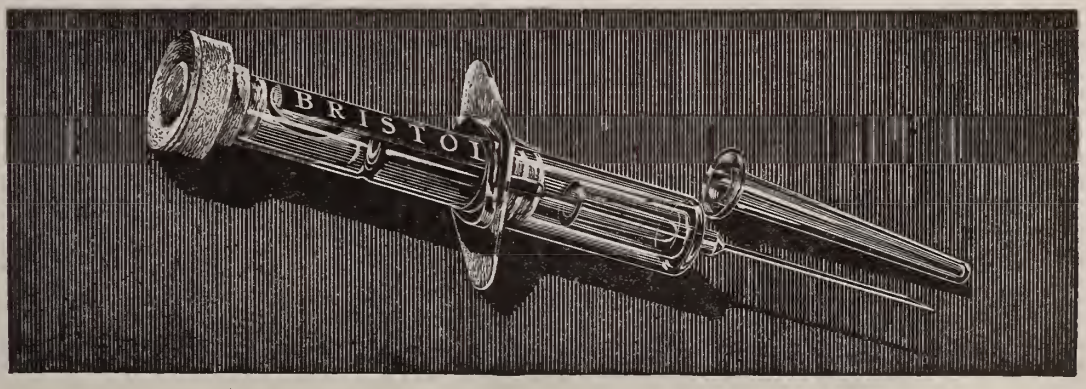
LIQUID

. . . for easier administration

Now you can inject Bristol's Crystalline Sodium Penicillin G in Oil and Wax (Romansky Formula) with far greater ease than in the past. Due entirely to changes in the manufacturing process and without any alteration in formula, the viscosity of the product at room temperature has been brought to a point which approximates that of U.S.P. glycerin. This is a significant development in penicillin therapy. Specify Bristol and obtain the benefits of LIQUID Romansky Formula.

Supplied in one cc. cartridges of 300,000 units, with or without special syringe equipment, and in 10 cc. rubber-stoppered vials. Needs no refrigeration in storage or warming before use.

Bristol LABORATORIES INC., SYRACUSE, NEW YORK



your PICKER portable is a "Jack-of-all work" . . . you can count on it to measure up to all manner of emergency demands without coddling. The thousands of these superb units now in use stand testimony to the fact that an investment in one, as in any other item of Picker equipment, **is an investment in consistently high performance over an exceptionally long life.**

Picker

hallmark for quality x-ray

PICKER X-RAY CORPORATION
300 FOURTH AVENUE • NEW YORK 10, N.Y.
WAITE M'F'G DIVISION • CLEVELAND, O.



PICKER IN ILLINOIS IS AT 223 W. JACKSON BLVD., CHICAGO 6, *(Wabash 7475)*



FOR AN ACTIVE MIDDLE AGE

A "PLUS"

The "plus" is the gratifying "sense of well-being" so many menopausal patients experience following "Premarin" therapy. It is the intangible factor which, added to relief of distressing symptoms, enables the middle-aged woman to resume her normal routine of useful and enjoyable activities.

"Premarin" provides naturally occurring, conjugated estrogens for effective therapy by the oral route. Untoward side effects are rarely noted with "Premarin."

"Premarin" is now available as follows:

Tablets of 2.5 mg. in bottles of 20 and 100
Tablets of 1.25 mg. in bottles of 20, 100 and 1000
Tablets of 0.625 mg. in bottles of 100 and 1000
Liquid containing 0.625 mg. per 4 cc. (one teaspoonful) . . . in bottles of 120 cc.

While sodium estrone sulfate is the principal estrogen in "Premarin," other equine estrogens . . . estradiol, equilin, equilenin, hippulin . . . are also present as water-soluble sulfates. The water solubility of conjugated estrogens (equine) permits rapid absorption from the gastrointestinal tract.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

CONJUGATED ESTROGENS
(equine)

"Premarin"®

AYERST, McKENNA & HARRISON Limited

22 EAST 40th STREET, NEW YORK 16, N. Y.

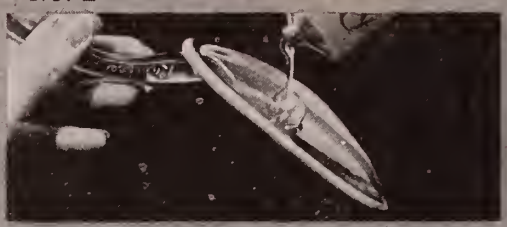
Designed to Assist the Patient



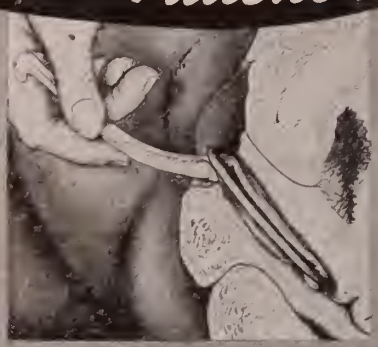
NO. 1 Beginning placement of diaphragm on introducer.



NO. 2 Diaphragm placed on introducer.



NO. 3 Application of jelly to diaphragm.



NO. 4 Beginning insertion of diaphragm.



NO. 5 Placement of diaphragm.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

The insertion and correct placement of the "RAMSES"* Flexible Cushioned Diaphragm are simplified by the use of the "RAMSES" Diaphragm Introducer as illustrated.

Our booklet, "Instructions For Patients", will be found helpful in guiding patients in the proper use of the "diaphragm-jelly technique". A supply will be sent to physicians on request.

TRADE MARK REG. U.S. PAT. OFF. Ramses DEPENDABILITY

gynecological division

JULIUS SCHMID, INC. 423 WEST 55th ST., NEW YORK 19, N. Y.

quality first since 1883

*The word "RAMSES" is a registered trademark of Julius Schmid, Inc.



At what age can Rickets Develop?

Superimposed upon a period of accelerated osseous growth (at 6 to 8 years) there occurs the period of second dentition. The coincidence raises an important issue (over

Rickets...?



At What Age Can Rickets Develop?

Contrary to once-held opinion, it is now known that rickets can develop at any time during growth. Rickets was found histologically in 46 per cent of children 2 to 14 years old.[1]

Since it is evident that full prophylaxis should be given "throughout the growing period"[2], it is clearly desirable to consider the use of an antirachitic agent—available in dosage forms well suited to *all* age levels, from earliest infancy through adolescence.

White's Cod Liver Oil Concentrate is available in *three* palatable, stable, potent dosage forms: Liquid (for infants); Tablets (for older children); Capsules (for larger dosage). It provides the natural vitamins A and D, derived exclusively from time-proved cod liver oil itself: the standard by which biologic activity of all antirachitic agents is measured.

1. Follis, R. H., Jr.; Jackson, D.; Elliot, M. M.; Park, E. A.: Prevalence of Rickets in Children between Two and Fourteen Years of Age. Am. J. Dis. Child., 66:1-11 (July) 1943.

2. Park, E. A.: Vitamin D Therapeutics. THE VITAMINS, A. M. A., Chicago, 1937.

White's

cod liver oil concentrate

Liquid Tablets Capsules

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Ethically promoted. Council accepted.
White Laboratories, Inc.,
Pharmaceutical Manufacturers, Newark 7, N. J.



The First Scientific Practice . . .

To Both Medicine and Dentistry, Hippocrates (460-370 B.C.) brought the first truly scientific practice. Was disease *really* caused by Hecate's hounds and destroyed by lying on temple floors with sacred snakes? Not for him. He studied its conformity to *natural law.*

His were the first case histories, and the first accounts of pre-natal tooth formation, children's diseases, public health, Cheyne-Stokes breathing, the *facies Hippocratica*, correct tooth-cutting ages, etc.

But malpractice law, already 16 centuries old, remained crude. Glaucus, a doctor of Hippocrates' day, slipped off to the theatre one night. His patient died, and poor old Glaucus was hanged.

Scientific Practice Today includes, for most doctors, the *preventive* counsel, *confidential* service and *complete* coverage assured by a Medical Protective policy.

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA

Professional Protection EXCLUSIVELY . . . *since 1899*

CHICAGO: T. J. Hoehn, E. M. Breier, W. R. Clouston, and Robert B. Johnson, Representatives, 1142-44 Marshall Field Annex Bldg., Tel. State 0990—SPRINGFIELD: F. A. Seeman, Representative, 307 Illinois National Bank Bldg., Tel. 7915

Only PROTOLAC means...



Carefully selected and blended *whole proteins* and high-protein products from animal and vegetable sources supply not only all essential amino acids, but also all the *unidentified* factors which serve to make *intact proteins* "better than complete amino acid mixtures or protein hydrolysates for certain clinical purposes."*

• Most important, Protolac possesses an amino acid pattern which insures *100% biological value*—shown by bio-assays. It thus can give BETTER CLINICAL RESULTS with LOWER DOSAGE. • Highly acceptable to patients because of its *palatability*, Protolac is indicated for *oral* high protein therapy pre- and postoperatively, in peptic ulcer, malnutrition, pregnancy and lactation, liver and kidney diseases, or whenever increased dietary protein of optimum nutritional value is required. Protolac may be combined readily with milk or other foods. Recipe suggestions with every jar.

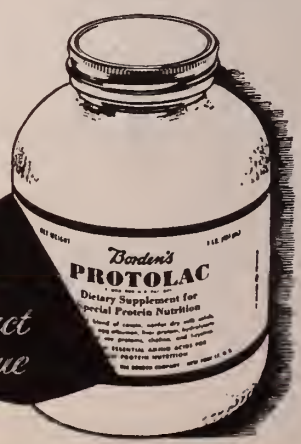
**Editorial, J.A.M.A., 131:826, 1946.*

Formula: Protolac is a powdered blend of casein, non-fat dry milk solids, lactalbumin, egg albumen, liver protein, hydrolysate of yeast and soy proteins, choline and l-cystine. Available in 1-lb. jars at all pharmacies.

Write for professional information to

BORDEN'S PRESCRIPTION PRODUCTS DIVISION
350 Madison Avenue, New York 17

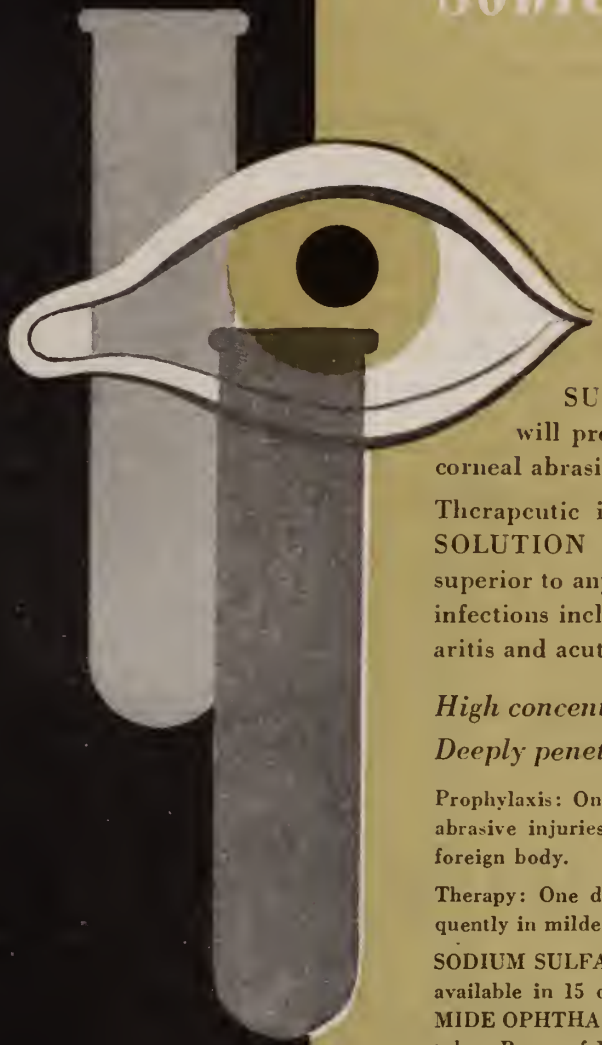
FOR ORAL USE ONLY



PROTOLAC
The whole protein product with 100% biological value

A double purpose solution for eye infections

SODIUM SULFACETIMIDE SOLUTION 30%



Unlike most ophthalmic solutions, SODIUM SULFACETIMIDE SOLUTION 30% serves a double purpose—*prophylaxis* and treatment.

Prophylactic instillation of SODIUM SULFACETIMIDE SOLUTION 30% eye drops will prevent infection in the majority of instances of corneal abrasion, laceration and trauma from foreign bodies.

Therapeutic instillation of SODIUM SULFACETIMIDE SOLUTION 30% eye drops produces results consistently superior to any other sulfonamide in a wide variety of ocular infections including acute and chronic conjunctivitis, blepharitis and acute traumatic corneal ulcer.

High concentration — *Highly bacteriostatic*

Deeply penetrating — *Virtually non-irritating*

Prophylaxis: One drop every two hours for at least one day following abrasive injuries to the cornea or conjunctiva, or after removal of a foreign body.

Therapy: One drop every two hours for severe infections or less frequently in milder infections.

SODIUM SULFACETIMIDE SOLUTION 30% (Sodium SULAMYD) is available in 15 cc. amber, eye-dropper bottles. SODIUM SULFACETIMIDE OPHTHALMIC OINTMENT 10% (Sodium SULAMYD) in ⅛ oz. tubes. Boxes of 1 and 12 tubes.

Trade-Mark SULAMYD—Reg. U. S. Pat. Off.

SCHERING

Schering CORPORATION · BLOOMFIELD, N. J.

In Canada, Schering Corporation Limited, Montreal

Doctor—Judge

PHILIP MORRIS suggests *you* judge . . . from the evidence of your own *personal* observations . . . the value of PHILIP MORRIS Cigarettes to your patients with sensitive throats.

PUBLISHED STUDIES* SHOWED WHEN SMOKERS CHANGED TO PHILIP MORRIS SUBSTANTIALLY EVERY CASE OF THROAT IRRITATION DUE TO SMOKING CLEARED COMPLETELY, OR DEFINITELY IMPROVED.

But naturally, no published tests, no matter how authoritative, can be as completely convincing as results you will observe for yourself.



PHILIP MORRIS

PHILIP MORRIS & CO., LTD., INC.
119 FIFTH AVENUE, NEW YORK, N. Y.

**Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154.*
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60.

TO THE DOCTOR WHO SMOKES A PIPE: We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

IN SALINE LAXATION...

a Modern scientific formula

with deep empiric roots...





Modern authoritative reports[1,2] highlight the practical value of phosphates of soda for thorough (yet mild) elimination whenever it may be indicated. They serve to illustrate the reason why Phospho-Soda (Fleet)*, for over a half-century, has enjoyed such a steadily increasing clinical acceptance as an ethical cathartic of exceptional merit. Palatability, ease of administration, and gentle yet efficient laxation—with remarkable freedom from nausea, griping and anal irritation—make Phospho-Soda (Fleet)* truly a "modern *physician's* laxative." Its formula combines two recognized phosphates of soda in scientific proportions, in stable, uniform and highly acceptable liquid form. Promoted to the medical and dental professions only; available in 2½, 6 and 16 fluid ounces, at pharmacies everywhere.

*'Phospho-Soda' and 'Fleet' are registered trade-marks of C. B. Fleet Co., Inc.

References

1. Scherer, J. H.: Virginia M. Monthly, 72:289, July, 1945.
2. Travell, J. et al.: Conferences on Therapy, New York State J. Med., 47:387, Feb. 15, 1947.

C. B. FLEET CO., INC.

Manufacturing Chemists • LYNCHBURG, VA.

For Controlled Catharsis, Prescribe

TRADE Reg. U.S. Pat. Off. MARK

PHOSPHO-SODA

(FLEET)



No . . . it won't taste gritty to his tongue . . .

Mothers appreciate the smoothness of texture and uniform consistency of Libby's Baby Foods. Infants are quick to detect large particles and to spit them out . . . with Libby's this never occurs. Through Libby's exclusive process of homogenization, cellulose capsules are ruptured, and cell envelopes are reduced to microscopic dimensions. Nutrients are homogeneously dispersed throughout the food mass, making for greater and easier availability. Grittiness is impossible with this process. In consequence, Libby's have been fed as early as the 6th week of life, since they flow freely through normal nipple openings when mixed with the milk formula.

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

Beets • Carrots • Green Beans • Peas • Spinach • Squash • Vegetable Soup • Mixed Vegetables • Garden Vegetables • Liver Soup • Vegetables with Bacon • Vegetables with Beef and Barley • Vegetables with Lamb • Apples and Apricots • Apples and Prunes • Apple Sauce • Peaches • Peaches-Pears-Apricots • Pears and Pineapple • Prunes (with Pineapple Juice and Lemon Juice) • Custard Pudding

Libby, McNeill & Libby • Chicago 9, Illinois



Remarkable results in dysmenorrhea

In a clinical study extending over a period of a year, Long* used Edrisal as the sole medication in treating 630 employees for dysmenorrhea. Results were dramatic. He concluded, "We use it [Edrisal] with the knowledge that nine out of ten sufferers will get the relief they seek."

Edrisal combines the recognized analgesics—acetylsalicylic acid and phenacetin—with the unique anti-depressant, Benzedrine Sulfate. Consequently, it not only relieves the pain during the menstrual period, but also combats the accompanying psychic depression.

Best results are usually obtained with a dosage of *two* tablets, repeated every three hours, if necessary.

*Long, C.-F., M.D.: Edrisal in the Managemen of Dysmenorrhea, Indust. Med. *15*:679 (Dec.) 1946. Indust. Nurs. 5:23 (Dec.) 1946.

highly effective in the relief of pain

Edrisal

Smith, Kline & French Laboratories
Philadelphia

for arterial hyper*TENSION*

RELAXATION *reinforced*



Teaching patients how to relax is a primary consideration in the management of arterial hypertension. In many instances this is not a simple task, but it can often be made easier by supplementing common sense instructions with Theominal. This slow-acting vasodilator sedative helps to bring about a gradual reduction of blood pressure and through its gentle sedative effect reinforces relaxation.

DOSAGE: The customary dose of Theominal is 1 tablet two or three times daily; when improvement sets in, the dose may be reduced. Each tablet contains theobromine 5 grains and Luminal ½ grain.

THEOMINAL

SUPPLIED IN BOTTLES OF 25, 100 AND 500 TABLETS

Winthrop CHEMICAL COMPANY, INC.

New York 13, N. Y. • Windsor, Ont.

THEOMINAL and LUMINAL, trademarks Reg. U. S. Pat. Off. & Canada

A Ciba Announcement to Doctors

EFFECTIVE IMMEDIATELY

35% Price Reduction

NEW LIST PRICES TO PHYSICIANS

PERANDREN®

Testosterone Propionate, U.S.P. XIII

In solution, ready for intramuscular injection

Ampuls 1 cc., 5 mg.

cartons of 3 each $ 1.44
cartons of 6 each 2.52
cartons of 50 each 18.00

Ampuls 1 cc., 10 mg.

cartons of 3 each 2.28
cartons of 6 each 4.08
cartons of 50 each 28.80

Ampuls 1 cc., 25 mg.

cartons of 3 each 3.90
cartons of 6 each 7.02
cartons of 50 each 50.40

Multiple-Dose Vials, 10 cc. 10 mg. per cc.

carton of 1 each 4.98

Multiple-Dose Vials, 10 cc. 25 mg. per cc.

carton of 1 each 8.58

(N) *Multiple-Dose Vials, 10 cc. 50 mg. per cc.*

carton of 1 each 17.16

METANDREN

Methyltestosterone, U.S.P. XIII

For oral administration

Linguets® 5 mg.

boxes of 30 each $ 1.92
bottles of 100 each 5.28

(N) *Linguets® 10 mg.*

bottles of 30 each 3.54
bottles of 100 each 9.78

Tablets 10 mg.

bottles of 30 each 3.54
bottles of 100 each 9.78

(N) *Tablets 25 mg.*

bottles of 15 each 5.28
bottles of 100 each 24.48

(N) *NEW HIGH-POTENCY DOSAGE FORMS*

ON ALL CIBA ANDROGENS

New economy has been added to the *true* economy of Ciba Androgens

NEW ECONOMY Ciba is proud to pioneer again by bringing you the most gratifying news about male hormones since the introduction of Ciba's PERANDREN®. Now the benefits of male-hormone therapy are extended to patients with modest incomes.

Doctors will share our satisfaction in this achievement. The growth in clinical uses for the androgens has so increased demand that Ciba's large-scale production now makes possible the greatest savings ever offered in this field.

TRUE ECONOMY The true economy of Ciba Androgens is not news: METANDREN® LINGUETS® (the exclusive Ciba dosage form) are known to offer the most economical way to provide continuous male-hormone effects by convenient *oral* administration. Absorbed directly from the oral mucosa, LINGUETS are effective with ⅓ to ½ less dosage than tablets.

For *injection*, the high-potency PERANDREN multiple-dose vial (50 mg. per cc.) is the most economical preparation for office use; makes each dose cost substantially less than with ampuls.

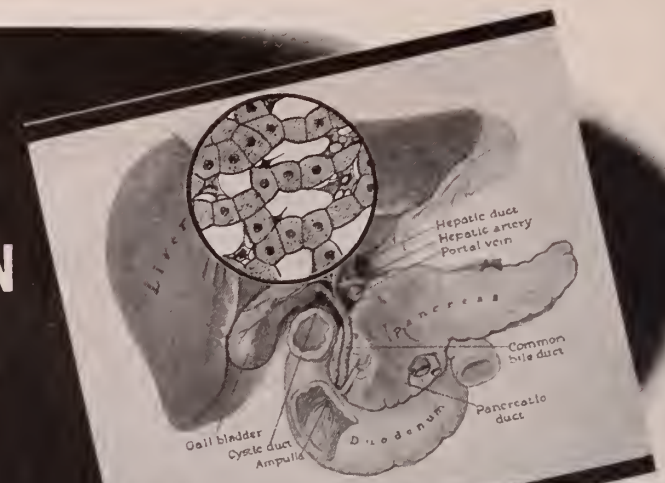
®T. M. Reg. U. S. Pat. Off.

Ciba

CIBA PHARMACEUTICAL PRODUCTS, Inc., SUMMIT, NEW JERSEY

Safe

STIMULATION in HEPATIC DEFICIENCY



Especially in those cases of hepatic dysfunction and hypofunction in which a choleretic or cholagogue is to be avoided . . . in post-surgical biliary symptoms and in affections requiring arsenicals or surgery—

SORPARIN has been found to provide valuable support for the liver. Sorparin apparently stimulates the liver cells to increased activity. Because of its vitamin K-like activity, it increases blood prothrombin levels. It has been found of value in dispelling the symptoms of gastric discomfort frequently concomitant with hepatic deficiency.

Nontoxic and non-kinetic. Has no known contraindications. May be prescribed in obstructive conditions.

SORPARIN

(Ext. Sorbus aucuparia McNeil)

INDICATIONS: ● Hepatitis with or without jaundice ● Idiopathic hypoprothrombinemia ● Post-surgical biliary syndrome ● Indeterminate dyspepsias ● Sorparin is also useful for mild liver dysfunction secondary to such conditions as chronic cholecystitis.

Supplied in tablets each containing 3 grains.
Bottles of 100, 500 and 1000.

McNeil Laboratories, Inc.
Philadelphia 32, Pa., U.S.A.

Top-rating disk jockey . . .



dietary dub!

He carefully plans a balanced program, gives no thought whatever to a balanced diet. Irregular hours, lunch counter meals, lack of exercise eventually put him in that growing multitude of borderline vitamin deficiency cases . . . the chronic dieters, food faddists, excessive smokers, alcoholics, persons too busy or too tired to eat properly. Deficiencies of the vitamin B complex are common in such cases. In addition to instituting a corrective diet, more and more physicians are prescribing *Sur-bex* as an effective supplement. *Sur-bex* is a high potency vitamin B complex tablet containing therapeutic amounts of five B complex factors, with liver concentrate and dried brewer's yeast added for other B complex factors. The tablets have a special double coating which seals in the odor of the liver concentrate and provides a pleasing orange bouquet and flavor. *Sur-bex* is available at prescription pharmacies everywhere in bottles containing 100, 500 or 1,000 tablets.

SPECIFY →

Sur-bex®

(ABBOTT'S VITAMIN B COMPLEX TABLETS)

Each tablet contains:

Thiamine Hydrochloride	6 mg.
Riboflavin	6 mg.
Nicotinamide	30 mg.
Pyridoxine Hydrochloride	1 mg.
Pantothenic Acid (*as calcium pantothenate*)	10 mg.
Liver Concentrate*	5 grs.
Brewer's Yeast, Dried*	2½ grs.

**For other B complex factors.*

ABBOTT LABORATORIES, North Chicago, Illinois

Abbott



WELL TOLERATED by the NEWBORN

Clinical experience establishes that CARTOSE* is especially well tolerated by newborn infants.

CARTOSE supplies carefully balanced amounts of non-fermentable dextrins, with maltose and dextrose. These offer the advantages of: spaced absorption because of the time required for hydrolysis of the higher sugars; less likelihood of distress due to the presence of excessive amounts of fermentable sugars in the intestinal tract at one time.

CARTOSE is liquid; formula preparation is simple, rapid, and accurate. It is compatible with any formula base: fluid, evaporated, or dried milk.

*The word CARTOSE is a registered trademark of H. W. Kinney and Sons, Inc.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods and Nutrition

CARTOSE
REG. U. S. PAT. OFF.
Mixed Carbohydrates

H. W. KINNEY & SONS, INC. — Kinney trademark — COLUMBUS, INDIANA

Introducing

"A HEMATINIC PLUS"



- IRON
- FOLIC ACID
- LIVER
- VITAMIN C
- B-COMPLEX FACTORS

A *NEW* Formula for the Modern Treatment of Hypochromic Anemia

Cytora 'Roche-Organon' is *"a hematinic plus"*— a complete medication specially formulated for the prevention and treatment of hypochromic anemia. Each Cytora tablet contains a well-balanced combination of iron, folic acid, liver, vitamin C and five B-complex factors; thus Cytora provides in a single tablet important factors utilized in erythropoiesis *plus* other dietary essentials so frequently needed by patients with hypochromic anemia and by patients during pregnancy and postoperative convalescence. Cytora is available in bottles of 100, 250, and 1000 tablets. For a professional trial supply of Cytora, write to Department C-8. ROCHE-ORGANON INC., Roche Park, Nutley 10, N. J.

CYTORA

'ROCHE-ORGANON'

RO-CYT-8F

T.M.—Cytora—Reg. U.S. Pat. Off.

Eliminate infection in

WOUNDS **ULCERS**
LESIONS **FISSURES**
ABSCESSES **CYSTS**

by simple topical application



Glycerite of Hydrogen Peroxide ipc
stable, long-acting, non-selective, bactericidal solution . . .

. . . Possesses the mechanical advantages of liquid and ointment types of medication . . .

. . . Hygroscopic, penetrates into and draws plasma from deeper parts of wounds, washing particulate matter to the surface . . .

. . . Aids granulation of healthy tissue and speeds healing processes . . .

. . . Non-toxic, non-irritating, non-sensitizing . . . Apply full strength as frequently as desired.

GLYCERITE OF HYDROGEN PEROXIDE *ipc*

Bibliography:

New Eng. J. Med.	234:468, 1946.
J. Invest. Derm.	8:11, 1947.
Annals of Allergy	4:33, 1946.
Science	105:312, 1947.
J. Bacteriology	Vol. 53, June, 1947.

Literature on request.

CONSTITUENTS:
Hydrogen peroxide (90%) 2.5%
8-Hydroxyquinoline 0.1%
Especially prepared glycerol qs. ad. 120cc.
Supplied in four-ounce bottles

International **PHARMACEUTICAL CORPORATION**
132 Newbury Street, Boston 16, Massachusetts

FALL GRADUATE INSTRUCTIONAL COURSE IN ALLERGY

Sponsored by

The American College of Allergists

Under the Auspices of

College of Medicine, University of Cincinnati
Cincinnati, Ohio

Monday, November 3, 1947, Through Saturday, November 8, 1947

OBJECTIVE: To provide a more comprehensive understanding of the many manifestations of allergy so commonly encountered by both the general practitioner and specialist and to emphasize methods of diagnosis and treatment of allergic diseases so that the physician is prepared to give the greatest aid to his patient.

FACULTY: Forty-four specialists in allergy and related fields, from prominent medical centers and colleges. (For details see ANNALS OF ALLERGY, pages 249-252, May-June, 1947.)

APPROACH: *Basic concept* of chemistry, immunology, physiology, pathology, botany, pharmacology, and psychodynamics, as applied to the allergic patient.

Laboratory procedures, such as the preparation and standardization of extracts for testing and treatment, skin tests, serology, and other miscellaneous procedures, and their interpretation, together with history taking.

Treatment and management of the allergic patient, with special lectures and symposiums on the various allergic diseases.

Management of the problem case.

TEACHING METHODS: Lectures accompanied by lantern slides, movies, and other visual aids. Demonstrations of technical procedures and allergic patients. Discussions in which all can participate.

COMMUNICATIONS: Make all inquiries, registrations for the Course, and reservations for hotel accommodations directly through the Secretary of The American College of Allergists, Dr. Fred W. Wittich, 423 La Salle Medical Building, Minneapolis, Minnesota. In asking for reservations, please state the exact time of your arrival and departure and if you want a single room or wish to share one with another registrant. The number of single rooms is limited. The fee for the Course is $100.

COMPLETE PROGRAM WILL BE MAILED ON REQUEST



"one nervous woman

. . . can give rise
to more diverse, undiagnosed
and undiagnosable complaints
than a whole pathological ward."

Harding, T. S.: M. Rec 160:198 (April) 1947

For the many patients,
especially women, who
complain of nervous
tension throughout the day and
wakefulness during the night,
ESKAPHEN B ELIXIR is an
ideal preparation.

Eskaphen B Elixir

For the nervous patient with poor appetite

provides—in delightfully
palatable liquid form—
both the calming action of
phenobarbital and the tone-
restoring effect of thiamine.

Smith, Kline & French Laboratories, Philadelphia

Table of Contents

VOL. 92, NO. 3
SEPTEMBER, 1947

ORIGINAL ARTICLES

Man Looks to Medicine, *Alphonse M. Schwitalla, S.J.*, Dean, St. Louis University School of Medicine 155

Bulbar Poliomyelitis: Its Diagnosis and Treatment, *A. B. Baker, M.D.*, Minneapolis 160

Poliomyelitis, A Review of 225 Cases, Rural and Urban Patients, *Archibald L. Hoyne, M.D.* and *Peter J. Cotsirilos, M.D.*, Chicago 164

Clinical Values of the Kahn Quantitative Test, *Harold Matthew Spinka, M.D.*, Chicago 168

Effects of Intravenous Fluids Post-Operatively on Bleeding and Coagulation Time, *Adolph Kraft, M.D.*, and *William Wolf, M.D.*, Chicago 170

Treatment of Rheumatoid Arthritis, Results with a New Gold Compound of Low Toxicity, *Phillip A. Rose, M.D.*, Chicago 175

Subacute Bacterial Endocarditis Due to B Tularense, Treated by Streptomycin (Case Report) *A. W. Wise, M.D.*, Rock Island, *W. A. Miller, M.D.*, Aledo 182

Primary Torsion of an Appendix Epiploica, With Comments (Case Report) *Arnold Schimberg, M.D.*, and *Robert K. Allen, M.D.*, Chicago 183

Clinical Pathological Conference, *Howard Wakefield*, Chairman and *Edwin F. Hirsch*, Pathologist, St. Luke's Hospital, Chicago

Case 1—Chronic Dilation with Cardiospasm of the Esophagus 185

Case 2—Small Cancerous Naevus of the Skin with Extensive Metastases 186

Case 3—Unexpected Death with Bronchial Asthma 187

EDITORIALS

The Medical Benevolence Fund 141

Vital Statistics in Illinois for First Quarter of 1947 142

Public Schools and Public Medicine 143

Book Reviews 70

MEDICAL ECONOMICS

Training of Residents in Basic Sciences 145

STATE DEPARTMENT OF PUBLIC HEALTH

New State Health Legislation 147

CORRESPONDENCE

Examination for Health Officers, October 27 152

Chicago Medical Society Post Graduate Courses .. 152

Mississippi Valley Medical Society Meeting at Burlington, Iowa, October 1, 2, 3 153

Woman's Auxiliary, President's Message 153

Woman's Auxiliary, Officers 154

Medical Publications Needed Overseas 154

Nutritional Anemia Symposium 200

Goiter Specialists to Meet in Toronto 200

NEWS OF THE STATE

Coming Meetings, Personals, Marriages, Deaths .. 189

biologically efficient palatable protein

SHARP & DOHME

'delcos'

granules

SYMPOSIUM ON NUTRITIONAL ANEMIA

A Symposium on Nutritional Anemia will be held

OCTOBER 16, 17, 18, 1947
at CINCINNATI, OHIO
under the auspices of the
COLLEGE OF MEDICINE, UNIVERSITY OF CINCINNATI,
Sponsored by
THE ROBERT GOULD RESEARCH FOUNDATION
For information and reservations write to
THE ROBERT GOULD RESEARCH FOUNDATION
Erlanger, Kentucky

COOPER CREME

The Original Spermicidal Creme

No Finer Name in Contraceptives. .

ACCEPTED AMERICAN MEDICAL ASSN.

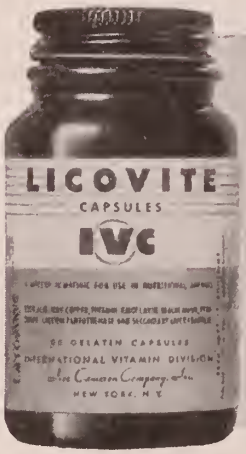
Active ingredients:
Trioxymethylene 0.04% Sodium Oleate 0.67%

Prescribed For Over A Decade

WHITTAKER LABORATORIES, INC.
PEEKSKILL, NEW YORK

Folic Acid... latest Vitamin B

Complex member to prove its worth . . .



now available in

LICOVITE capsules

The hemopoietic value of Folic Acid has been amply demonstrated by workers of highest repute. The following facts have been established:

1. The administration of synthetic Folic Acid to persons with Addisonian pernicious anemia, nutritional macrocytic anemia, and sprue in relapse is followed by enormous blood regeneration. Strength and vigor return, often followed by a rapid gain in weight. There is an increase in red blood cells and hemoglobin.

2. The hemopoietic response is accompanied by a great improvement in the altered alimentary tract function.

3. The response to treatment with Folic Acid parallels that afforded by potent liver extract.

In addition to Folic Acid, LICOVITE CAPSULES contain Secondary Liver Fraction, Iron, Copper, and Vitamins. (See formula on this page.)

Now available at most druggists, *on your prescription only.*

Each LICOVITE CAPSULE contains:

Folic Acid	2.0 Mg.
Thiamine Hydrochloride	2.0 Mg.
Riboflavin	3.0 Mg.
Niacin Amide	20.0 Mg.
Pyridoxine Hydrochloride	0.2 Mg.
Calcium Pantothenate	1.0 Mg.
Copper	1.0 Mg.
Exsiccated Ferrous Sulphate	2 Gr.
Secondary Liver Fraction	3 Gr.

INTERNATIONAL VITAMIN DIVISION

Ives-Cameron Co., Inc.,

22 East 40th Street, New York 16, N. Y.

Chicago IVC Los Angeles

REG. U. S. PAT. OFF.

International Vitamin Division
Ives-Cameron Co., Inc. Dept. IJ9
22 East 40th St., New York 16, N. Y.

Please send me a detailed bulletin and samples of Licavite Capsules.

Name.....

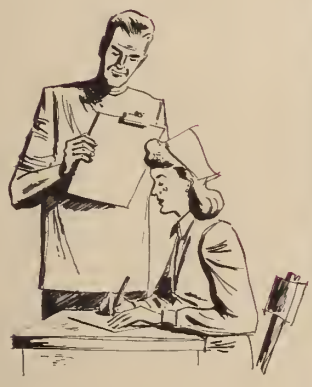
Address.....

City.....



UNIFORM, ACCURATE,

CAREFULLY STANDARDIZED



SULFA DRUGS bearing the Lilly Label are prominent among the more recent medicinal agents of proved therapeutic value. They are noted for their uniformity in appearance, accuracy of dosage, and careful standardization. Available in logical dosage forms and sizes.

ELI LILLY AND COMPANY

INDIANAPOLIS 6, INDIANA, U. S. A.



A 12x15 reproduction of this Arthur Sarnoff color illustration, suitable for framing, is available upon request.

Doctors and Detectives

THE PHYSICIAN is usually among the first to visit the scene of a tragedy. In solving crime, the type and location of wounds, abrasions, or bruises may have distinct significance. Bloodstains, scientifically examined, may provide the convicting evidence. Skeletal remains often reveal important facts concerning sex and age. Police records emphasize the importance of medical aid in the solution of crime.

Broad knowledge, keen observation, and the ability to piece facts together into a coherent whole are characteristic attributes of the physician. These same accomplishments are equally important in the field of medical research. In the Lilly Research Laboratories, physicians team with specialists in many related fields of science to attack problems which confront the clinician.

The Illinois Medical Journal

September, 1947

VOL. 92, NO. 3

Official Journal of the Illinois State Medical Society

EDITOR — Harold M. Camp. EDITORIAL BOARD — James H. Hutton, Chairman, Frederick H. Falls, Josiah J. Moore, Edwin M. Miller, Chauncey C. Maher, Harry S. Gradle, Harry Culver, Walter Stevenson, Raymond W. McNealy.

Editorials

THE MEDICAL BENEVOLENCE FUND

In the March, 1947 issue of the Illinois Medical Journal an editorial on this subject was published giving factual data relative to the organization of the Committee on Medical Benevolence and the Medical Benevolence Fund, as well as some information on the work of the committee since its organization some seven years ago. During February and March of this year a letter and subscription card was sent to every member of the Illinois State Medical Society asking for contributions to the fund so that eventually it could be large enough to permit all payments to beneficiaries to be made without disturbing the principal, using only the income from the fund itself.

During the weeks following the publication of the editorial and sending these letters to the membership of this Society, many contributions were received, but they actually come from only about 6% of the entire membership. A report of progress was made to the House of Delegates at the annual meeting held in May, and some interesting comments and suggestions were made by various delegates present. Some suggested an increase in the annual dues of the Society, part of which was to go directly into the medical benevolence fund so that it could be built up quickly.

Others suggested a special assessment of an amount to be collected in addition to the annual dues for a similar purpose, while many suggested that the committee endeavor to keep this important matter constantly before the entire membership through editorials in the Illinois Medical Journal, and subsequent letters to the membership as a whole.

It is quite interesting to note that although there are a number of beneficiaries receiving checks monthly from the benevolence fund, no one other than the three members of the committee actually know to whom they go since this information is not given to the Council or to the House of Delegates. Not one cent of the money in the fund is spent for anything other than the payment of benefits, not even postage being assessed against the fund in accordance with the by-laws governing the operation of the Committee.

The Woman's Auxiliary has made the benevolence fund one of its major projects and has made substantial contributions to the fund in recent years, and proposes to continue to increase its efforts in the future. At the present time a critical analysis of beneficiaries is quite interesting: several are widows of former members and some are over 90 years old. Although under the former by-laws the maximum monthly benefit except in unusual cases, was limited to $30.00 per month, this ruling was amended by the House of Delegates so that now, with the approval of the Council, a larger grant may be made.

Likewise with Council consent, help can be given over a short period of time in excess of $30.00, when it is probable that rehabilitation of disabled members in need of temporary aid can be done within a short time. Members of the Committee will recall an instance or two in which this type of assistance was furnished with most gratifying results.

The Committee hopes that many if not all members of the Society will contribute to the Medical Benevolence Fund. All contributions are acknowledged but not publicized from the secretary's office. Checks should be made payable to: THE MEDICAL BENEVOLENCE FUND, and sent to the office of the state society secretary, Harold M. Camp, M.D., Monmouth, Illinois, or to the society's Chicago office at 30 North Michigan Avenue, Chicago 2, where the secretary receives much of his mail and is on duty one or two days each week.

Since the first appeal went out to the membership last February, quite a number of beneficiaries have been added to the list, most of whom are elderly physicians who have been victims of accident or illness, or who have had to retire from active work on account of the infirmities of age. Others are widows of former members who have used up the family reserve and need financial assistance as is afforded under this provision. Letters from many of these beneficiaries have been received complimenting the Society for making provisions for them in time of need and giving assurance of their gratitude, at the same time telling how happy they are to have been associated with an organization which does not forget them when adversity comes.

VITAL STATISTICS IN ILLINOIS FOR FIRST QUARTER OF 1947

A critical analysis of the Health Statistics Bulletin published by the Illinois Department of Public Health under date of July 1, 1947, and giving vital statistics for the first quarter of

ILLINOIS STATE MEDICAL SOCIETY

GENERAL OFFICERS, 1947-1948

PRESIDENT.....Irving H. Neece, Decatur
PRESIDENT-ELECT.....Percy E. Hopkins, Chicago
1ST VICE-PRESIDENT....H. Kenneth Scatliff, Chicago
2ND VICE-PRESIDENT.....Walter E. Kittler, Rochelle
SECRETARY-TREASURER....Harold M. Camp, Monmouth

THE COUNCIL

L. J. Hughes.....1st District, Elgin.....1950
H. L. Pettitt.....2nd District, Morrison.....1950
Darwin B. Pond....3rd District, Chicago.....1950
Harry M. Hedge....3rd District, Chicago.....1949
Oscar Hawkinson....3rd District, Oak Park....1948
Wade C. Harker....3rd District, Chicago.....1950
Leo P. A. Sweeney..3rd District, Chicago.....1948
H. Prather Saunders.3rd District, Chicago.....1949
Charles P. Blair....4th District, Monmouth....1949
Ralph P. Peairs....5th District, Normal.....1949
Walter Stevenson....6th District, Quincy.....1948
Charles H. Hulick..7th District, Shelbyville ...1949
Harlan English.....8th District, Danville.....1949
Charles O. Lane 9th District, W. Frankfort.1948
G. C. Otrich.....10th District, Belleville.....1948
Edwin S. Hamilton.11th District, Kankakee.....1950

Everett P. Coleman,
Councilor at large Canton 1949
Robert S. Berghoff,
Councilor at large Chicago 1950
Chairman of the Council Walter Stevenson

ILLINOIS MEDICAL JOURNAL

Harold M. Camp, Monmouth.....Editor
L. E. Malley, Chicago....Managing Editor & Business Mgr.
Harry M. Hedge, Chicago....Chairman, Journal Committee
Harry J. Stewart, Oak Park....Secretary, Journal Committee
Business Office....30 North Michigan Ave., Chicago 2
Editorial Office.....Monmouth, Illinois

GENERAL COUNSEL

Edward W. Rawlins.....77 West Washington St., Chicago

MEDICAL SERVICE & PUBLIC RELATIONS

James H. Hutton, Chairman..30 No. Michigan Ave., Chicago
Mr. John W. Neal, Exec. Sec...30 N. Michigan Ave., Chicago
Mr. J. C. Leary, Pub. Rela. Coun...231 S. LaSalle St., Chi.

PERMANENT HISTORIAN

David J. Davis.....721 Elmwood Ave., Wilmette

MEDICO-LEGAL COMMITTEE

Oscar Hawkinson, Chairman.....1011 Lake St., Oak Park

PERMANENT COMMITTEE ON ARCHIVES

D. D. Monroe, Chairman.....Alton
C. Ellsworth Black, Secretary.....Jacksonville
E. H. Weld.....Rockford
Ex-officio:
David J. Davis, Perm. Historian.721 Elmwood Ave., Wilmette

EDUCATIONAL COMMITTEE

Charles P. Blair, Chairman.....Monmouth
Warren W. Furey, Vice-Chm.....104 S. Michigan, Chicago
Ann Fox, Secretary.....30 N. Michigan Ave., Chicago

SCIENTIFIC SERVICE COMMITTEE

Robert S. Berghoff, Chairman.30 N. Michigan Ave., Chicago
Leo. P. A. Sweeney, Vice-Chm...9715 Winston Ave., Chicago

POST GRADUATE COMMITTEE

Robert S. Berghoff, Chairman.30 N. Michigan Ave., Chicago
Geo. A. Hellmuth, Vice-Chm.....1180 E. 63rd St., Chicago

Outside of editorial or allied views or statements that are the authoritative actions of the Illinois State Medical Society, the organization denies responsibility for opinions and statements published in the ILLINOIS MEDICAL JOURNAL. Views expressed by the various authors and views set forth in various departments in the JOURNAL represent the views of the writers.

State Society will pay no bills for legal services except those contracted by the Committee. Notify the Chairman at once. Do not employ attorneys.

Send advertising copy, and all communications relating to advertising to ILLINOIS MEDICAL JOURNAL, 30 N. Michigan Avenue, Chicago.

Original articles and membership correspondence to Dr. Harold M. Camp, Monmouth, Ill.

Society proceedings and news items and changes in the mailing list to Managing Editor, 30 N. Michigan Ave., Chicago 2, Illinois.

Subscription price of this JOURNAL to persons not members of the Illinois State Medical Society is $3.00 per year, in advance, postage prepaid, for the United States, Cuba, Porto Rico, Philippine Islands, Hawaiian Islands and Mexico. $4.00 per year for all foreign countries included in the postal union. Canada, $3.50. Single current copies, 50 cents. By mail, 60 cents.

1947, shows continued progress in Illinois. Maternal deaths during this period have dropped to an all-time low, the rate being 1.2 maternal deaths per 1000 live births.

The mortality from the ten leading causes of death was quite interesting, and is presented here as shown in the bulletin:

FIRST QUARTER MORTALITY FROM THE TEN LEADING CASES

Cause	Deaths per 100,000	
	1947	1946
1. Heart Disease	463.6	437.2
2. Cancer	158.9	156.2
3. Cerebral Hemorrhage	98.3	94.4
4. Nephritis	71.4	78.4
5. All accidents	66.5	62.4
6. Influenza and Pneumonia	60.4	58.7
7. Tuberculosis	33.7	37.4
8. Diabetes	36.6	36.9
9. Premature Birth (any age)	23.7	17.7
10. Arteriosclerosis	20.1	22.3

Accidental deaths probably would have been lower for the first quarter in 1947 had it not been for the toll of lives in the Centralia mine disaster in March when 111 miners died following an explosion in the mine.

ACCIDENTAL DEATHS DURING FIRST QUARTER

Causes	Number of Deaths		Deaths per 100,000	
	1947	1946	1947	1946
ALL ACCIDENTS:	1,373	1,272	66.5	62.4
Motor Vehicle	380	412	18.4	20.2
Home Accidents	525	457	25.4	22.4
Occupational	225	113	10.9	5.5
Public Accidents	243	290	11.8	14.2

This record once more shows the danger of accidents in the home and the fact that more accidental deaths occur in the home than on the highways — a fact which but few people seem to realize. During the first quarter there were 24,980 deaths in Illinois with more than 50% of these among the population over 65 years of age. There were 1,560 deaths in infants under 1 year of age; 1,782 among children under 4; 178 from 5 to 14 years of age; 410 from 15 to 24 years of age; 1,885 between the ages of 25 and 44; 7,632 between 45 and 64; and 13,089 deaths among the age group of those above 65.

There were two deaths in Illinois during this quarter from poliomyelitis; 4 from diphtheria; 14 from whooping cough; 4 from measles, and no deaths were registered from typhoid or scarlet fever.

As stated in the bulletin, the great boom in birth rate during 1946 leveled off after reaching its peak in October, and began to recede in 1947. Almost 18,000 babies were born in October, equivalent to an annual birth rate of 26.3 per 1,000 population, while the birth rate for the first quarter of 1947 would be equivalent to an annual rate of 24 per 1,000.

There is much information for physicians in this bulletin, and it is well worth the time for any member of the profession to have a copy available and read it in spare moments.

PUBLIC SCHOOLS AND PUBLIC MEDICINE

The following editorial was reprinted in "Insurance Economics Surveys" as having appeared originally in the April, 1947 issue of Medical Economics. The article was written by Dr. H. Sheridan Baketel, as follows:

The standard-bearers for socialization used to be fond of comparing public education and public medicine. "If public education is a good thing," they'd ask, "wouldn't public medicine be a good thing too?"

As long as the country's school system was looked on with favor, the analogy served its users well. It made many a convert to the doctrine of tax-supported medical care.

But now our schools are being held up as never before to the hot light of the public scrutiny. Recent investigations have precipitated a flood of unfavorable publicity on the subject. People are wondering whether public education is all it was cracked up to be.

The socializers may consider it impolite for anyone now to toss their old analogy back at them. But here is the record in 1947:

Six thousand public schools will be shut this year through lack of teachers. Some 75,000 children will have no schooling; 5 million others will get inadequate schooling.

Would public medicine be any more dependable?

One out of every seven public school teachers is serving today on an emergency, substandard certificates. Some 60,000 instructors entirely lack college training.

Would public medicine do more to preserve professional standards?

Buildings, textbooks, and equipment in some public schools are hopelessly below par. Schools built before the Civil War are still in use. History and geography books in many areas make no mention even of World War I.

Would public medicine equip its practitioners more adequately?

Lay school boards are the bane of many a teacher's professional existance. They tell him what books to use, what syllabus to follow, what teaching methods to employ. They inject regimentation into public education that hurts both teachers and pupils.

Would public medicine be less subject to political interference?

The average public school teacher gets but $37 a week. His morale is cracking fast. Strikes are frequent. More than 250,000 teachers have quit their profession since 1941.

Would public medicine be better able to hold its practitioners?

Thirty years ago the nation spent $20 per public school pupil per year. Today the figure tops $100. Some say that, given efficient administration, the $100 figure would suffice; others demand up to $400.

Would public medicine show less multiplication of costs?

People are beginning to draw their own conclusions.

POLIOMYELITIS CAN BE DIAGNOSED WITHIN 24 HOURS OF ONSET

Diagnosis of infantile paralysis can usually be made within 24 hours of the onset of the disease, according to John F. Pohl, M.D., of Minneapolis, and treatment should begin immediately in order to relieve the discomfort of patients and to minimize crippling.

Writing in the July 26 issue of *The Journal of the American Medical Association*, Dr. Pohl, who is from the Elizabeth Kenny Institute, states that "an analysis of 1,125 cases of poliomyelitis treated in Minneapolis during the 1946 epidemic reveals that the symptoms and observations are sufficiently characteristic to enable the diagnosis to be established in most patients within 24 hours of the onset. The study also discloses that paralysis is not a useful diagnostic sign because paralysis or weakness of the muscles is not a common early event and in a considerable number of cases does not occur at all. To await the appearance of paralysis to confirm the diagnosis or to begin treatment is inadvisable."

Of the 1,125 cases, 736 or 65.4 per cent progressed to paralysis of some degree within 15 days of onset but 389 or 34.6 per cent did not show paralysis at any time. Sixty-eight patients or six per cent died.

Symptoms of the first 24 hours are: headache, fever, nausea, vomiting, loss of appetite, stiff neck, stiff back, painful arms and legs and general malaise with listlessness.

Contributors to the Benevolence Fund May Clip and Use This Form

Dr. Harold M. Camp, *Secretary,*
Illinois State Medical Society,
Monmouth, Illinois.

I would like to contribute $..... to the Medical Benevolence Fund of the Illinois State Medical Society.

My check is enclosed in the above amount.

Signed:.....

.....

(*Address*)

Make checks payable to:
Committee On Medical Benevolence

Medical Economics

The Medical Economics Committee — Chauncey C. Maher, Chmn., 6 North Michigan Avenue, Chicago, Edwin S. Hamilton, V. Thomas Austin, Emmet B. Bay, Jay McDonald Milligan, Jacob M. Mora, George Halperin, Marie Wessels, Thomas C. Browning, Roland R. Cross, Milton E. Bitter, Edwin F. Hirsch, Ford Hick, Lt. Col. MC, William J. Bryan, John R. Vonachen.

TRAINING OF RESIDENTS IN BASIC SCIENCES

At the present time a great number of young physicians are seeking training to become specialists. There are not enough training opportunities to accommodate this number. One of the major increases in training opportunities has been the residencies opened in the Veterans' Hospitals under the leadership of Dr. Paul B. Magnuson. Training opportunities have been increased by several "Basic-Science courses" patterned after well established courses at the University of Pennsylvania, University of Columbia College of Physicians and Surgeons in New York, and other institutions. Such courses are now available at several medical schools (Indiana, Illinois, Minnesota, and Northwestern in this region). These basic science courses deal with anatomy, physiology and pathology; three subjects well suited to the facilities of large medical schools. Young men need such opportunities to meet the "basic science" requirements of several specialty boards.

Planning postgraduate teaching for the future will depend on factors difficult to predict. Will the demand for training of specialists be maintained? Certain influences make this seem likely. For example, the Veteran's Administration will pay a specialist with Board Certificate more, and this procedure may be established in other government agencies. Many physicians in Military service saw specialists given better duty assignments. Numerous veteran physicians will insist that specialty training is vital to them as a "hedge" against socialized medicine. However, a young specialist has much more difficulty acquiring a practice limited to a specialty than does a man in general practice (unless the specialist is in a clinic). If he starts practice in a small community after good surgical training, he must engage in general practice because the other men are slow in referring operative cases to a stranger. The real question is, "Does society require more specialists?" The answer is a conditional one. "More specialists are required provided they can give superior care to the average sick patient."

Can enough opportunities for clinical training be supplied to eager young doctors? The American Medical Association has given temporary approval to many residencies in smaller metropolitan hospitals. Any further extension of a system of residencies must be largely outside the large cities. Are the smaller communities desirous of establishing residencies acceptable to the boards in their hospitals? This is a big "if," for teaching of the house staff has been traditionally haphazard and conversion to systematic controlled methods represents a major change.

There is little point to giving basic science instruction in medical schools to young doctors who then can find no opportunity for clinical training in their own fields. If only a few men seek basic science instruction, it can best be handled individually by certain leaders. For example, the late Dr. Richard H. Jaffe, when Director of Laboratories at Cook County Hospital, always had several voluntary assistants in his department, many of whom engaged in in-

vestigative work in pathology. Dr. Ivy has for many years accepted selected applicants for one year in his laboratory in physiology. Such efforts under a superior "chief" regularly give superior results. These efforts should be recognized by a graduate degree, usually the M.S., upon completion of a thesis presenting investigative results.

Basic science instruction in a class can also be made productive and permits a larger group of enrollees to benefit. Such class instruction does not reduce opportunities for work under certain masters of physiology and medicine who will continue in their established custom. The "Basic Science course" widens opportunity but at considerable expense to the school, which must be budgeted through tuition or special grants.

If, (1) the demand for training of specialists continues or even enlarges, if (2) clinical training opportunities open in smaller metropolitan hospitals and in community hospitals over the state, and if (3) funds to meet costs continue to be paid in after the G. I. Bill of Rights has expired, then medical schools able to do so should operate a superior type of postgraduate teaching through all the means available. This is a serious change for a medical school traditionally occupied in teaching undergraduates. The Advisory Board of Medical Specialties so far has no solution which will please everyone. Each board sees drawbacks in the basic science courses, yet several Boards have in the past been reluctant to accept long training in physiology under famous teachers in lieu of such basic science requirements. Recognition of such effort was granted when the issue was clearly raised. The Boards say they wish only to establish that the man knows the material he should know to practice his specialty. It is apparent that Board requirements will be met easily by a young physician who sets out to master his specialty.

In a democracy opportunity should be made available to those with the vision and energy to benefit from such training. Therefore, it is specifically urged that training opportunities be widened by use of clinical facilities of small hospitals and laboratory facilities of the medical schools.

F.K.H.

ESTIMATE MEN RESPONSIBLE FOR BARREN MARRIAGES IN 30-50% OF CASES

It is estimated that between 10 and 15 per cent of adult marriages are barren. In these the male is either a contributory or sole cause in 30 to 50 per cent of the cases, according to two San Francisco doctors writing in the July 12 issue of *The Journal of the American Medical Association.*

Lewis Michelson, M.D., Assistant Clinical Professor of Obstetrics and Gynecology at the Stanford School of Medicine and Robin Michelson, M.D., studied a group of 855 barren marriages of which 519 husbands were found to have impaired fertility.

In 287 of the couples the physicians collected adequate data to analyze the relative fertility of husband and wife. They state that "this study offers a challenge to physicians, in that of these 287 couples there were 99, or approximately 34 per cent, in which both husband and wife were apparently fertile, as far as could be determined (in the present state of medical knowledge), and still no pregnancy occurred."

The physicians point out "that either husband or wife may be the sole cause or both may have minor defects the combination of which is sufficient to prevent conception. Consequently, one must not be satisfied with the finding of defects in one partner, but both husband and wife should be completely examined before an opinion is expressed as to the factors causing the infertility and the possibility of altering them."

State Department of Public Health

NEW STATE HEALTH LEGISLATION

The 65th General Assembly which adjourned June 30, 1947 enacted over 80 bills which have a bearing on health. Twenty-two of these laws affect directly the State Department of Public Health or related official public health agencies of cities or counties. Of this group five are concerned with the hospital survey and construction program; four relate to tuberculosis control; five affect the administration of the Vital Statistics Act; eight are more general in nature. A brief review of these recently enacted laws follows:

HOSPITAL PLANNING AND CONSTRUCTION

The widespread interest in making adequate hospital facilities available to all people of Illinois was clearly indicated in the bills relating to hospital planning and construction. The motivating spirit behind this legislation stemmed in part from the Hospital Survey and Constructino Act (Public Law 725) enacted by the 79th Congress. Certainly, however, this was not the only source of inspiration. During the recent years hundreds of Illinois communities have asked the Department of Public Health for help in hospital planning. The need for financial assistance in building these hospitals is general. These reqnests indicate an active popular demand to take advantage of every opportunity to provide modern hospital service. At one time hospitals were looked upon as places to care for serious illness; today people regard them as necessities for healthful living. On these grounds the State Legislature went to work and devoted considerable thought to the hospital program.

Perhaps foremost among the hospitals bills enacted is *House Bill* 284. By amending the Civil Administrative Code this law designates the Department of Public Health as the sole State agency to administer the hospital construction program. The Department is authorized to cooperate with the Federal Government in carrying out the purposes of Public Law 725, to survey present hospital facilities and to devise a plan for the construction of hospitals needed throughout the State. To assist the Department in this forward step, the new law provides for an Advisory Hospital Council. The eighteen members of this group include the directors of Public Health (chairman), Public Aid and Public Welfare, in addition to fifteen members representing hospital administrators, physicians, dentists and the general public. House Bill 284 fulfills two requirements of the Federal law, namely, the designation of a single State agency and the creation of an advisory council.

The passage of one other State law was necessary if Illinois were to take advantage of Public Law 725. Each state participating in the plan must enact legislation prior to July 1, 1948 which requires compliance with minimum standards of operation and maintenance on the part of hospitals receiving Federal aid. *House Bill* 993 does just that. The Department of Public Health, with the assistance of the Adivsory Hospital Council, is authorized to promulgate such standards.

HOSPITAL CONSTRUCTION ACT

The General Assembly went beyond the mere matter of requirements when it passed *House Bill* 315 and *Senate Bill* 662. The former is known as the Illinois Hospital Construction Act. Under the terms of this law, any political subdivision. municipality or public or nonprofit

agency, may apply to the Department of Public Health for financial assistance in the construction of a public or nonprofit hospital. If in the opinion of the Director of the Department the proposed hospital project complies with the requirements of the law and conforms to the Statewide hospital construction plan, he is required to approve the application. In such cases the applicant is entitled to receive from State funds, to the extent of available appropriation, not more than one-third the actual cost of construction. This amount may be in addition to Federal aid which similarly provides one-third the construction cost. An appropriation of $80,000 is made to the Department for administrative expenses in carrying out the purposes of the new State law.

While *House Bill* 315 provides the necessary authority, funds for aiding local hospital projects are appropriated in Senate Bill 662. The sum of $4,675,000 is made available for this purpose. This approximates the 5½ million dollars anticipated from Federal funds during the next two years. All in all, Illinois communities may expect a total of 10 million dollars in State and Federal funds to aid in hospital construction during the new biennium.

HOSPITAL AUTHORITIES ACT

The fifth bill relating to the general planning and construction of hospitals is *Senate Bill* 221, otherwise known as the Hospital Authorities Act. Its purpose is to enable the people in any compact and contiguous area, without respect to county lines, to create by popular vote a hospital authority. In effect, such an authority, for the purposes of constructing and operating a hospital, is similar to other political subdivisions such as counties, townships or municipalities. The authority is governed by a board of commissioners appointed by the county judge and/or the executive officers of municipalities within the authority. Provision is made for issuance of bonds and the levy of taxes for construction and operation purposes. Senate Bill 221 supplements nicely the Illinois Statewide Hospital Plan. In the first place it enables people in a natural trade area which in many instances does not lie wholly within one county to join forces in constructing and operating a hospital. Secondly, it approves the means whereby the hospital community may raise its share of hospital construction costs.

With these five bills enacted and with the Illinois Hospital Plan now in the hands of the Federal government for approval, Illinois may anticipate a progressive two years ahead. The Department of Public Health looks forward with numerous Illinois communities to making adequate hospital facilities readily available to all. This will be a major step forward in prolonging life and promoting good health.

TUBERCULOSIS CONTROL

In the opinion of the State Department of Public Health, the lack of beds for the care and treatment of tuberculosis patients has been one of the chief obstacles in the total program for controlling disease. This was recognized by the 64th General Assembly (1945) when four million dollars were appropriated for the construction of four down-State sanitariums and one in Cook County. None of these funds were spent for construction purposes because of the conditions that prevailed in the building industry and also because there was no law authorizing such construction. Two of the bills enacted by the Legislature this year deal directly with these problems. The other two are concerned with local taxation and tuberculosis research.

TUBERCULOSIS SANITARIUMS

House Bill 280 authorizes the establishment of a series of tuberculosis sanitariums under the management and control of the State Department of Public Health. Any citizen of Illinois will be entitled to admission free of charge for treatment of tuberculosis or for diagnostic purposes in these institutions. The cost of such service is charged to the sanitarium authority or county in which the patient resides. House Bill 280 does not provide any appropriation but does grant the authority which the Attorney General believes necessary for constructing State tuberculosis sanitariums.

Senate Bill 662 supplements *House Bill* 280 by providing, as a part of the post-war planning program, funds for the purchase of sites and for the erection and equipment of buildings. A total of $6,785,000 is appropriated for these purposes. Of this amount $85,000 is allotted to the Department of Finance for the purchase of a site in Cook County, selected by the Depart-

ment of Public Health, where one of the State sanitariums will be located. The remainder of this sum is appropriated to the Department of Public Health as follows:

For constructing and equipping a tuberculosis sanitarium in Cook County	$5,000,000
For constructing and equipping a tuberculosis sanitarium in Carroll County on land already owned by the State	$ 850,000
For constructing and equipping a a tuberculosis sanitarium in Mt. Vernon on land already owned by the State	$ 850,000

In addition, *Senate Bill* 662 also supplements *Senate Bill* 130 later described, by appropriating the following amounts:

To the Department of Finance	
For the acquisition of land in the City of Chicago for locating the Institution for Tuberculosis Research	$ 21,250
To the Department of Public Health	
For the construction of a suitable building with fixed equipment for the Institution for Tuberculosis Research	$ 340,000

TUBERCULOSIS RESEARCH

Senate Bill 130 provides for the establishment of an Institution of Tuberculosis Research under the joint control of the University of Illinois and the Municipal Tuberculosis Sanitarium of Chicago. The chief purpose of this Institution is to produce and distribute BCG vaccine for further study. This biological agent has been used rather extensively in other countries and to some extent in this country and is believed to be effective in preventing the spread of tuberculosis. In addition the Institution is authorized to conduct research in the field of tuberculosis with regard to all methods and materials for the prevention of this disease. Senate Bill 130 carries an appropriation of $32,000 for the operation and maintenance of the Institution.

Senate Bill 320 amends the law relating to municipal tuberculosis sanitariums in cities with over 200,000 population. Actually the revision of the law applies only to Chicago. It provides for an increase of the peg levy from the present three million dollars to $4,750,000 for the year 1947 and $4,500,000 for each year thereafter. The added taxation permitted by Senate Bill 320 is based upon the increased operating costs for and expansion of the tuberculosis control program conducted by the Chicago Municipal Tuberculosis Sanitarium.

VITAL STATISTICS

Since the enactment of the Illinois Vital Statistics Act in 1916, the Department of Public Health has had the responsibility for taking care of records pertaining to births and deaths. Throughout this thirty-year period of administration, the methods of handling such records in general have undergone changes on the basis of recommendations resulting from nation wide studies. In addition, the State Legislature has from time to time changed the law or added new functions to the Department of Public Health with respect to the administration of this Act. Administrative experience in this State has revealed certain discrepancies or weaknesses in the law, some of which became particularly apparent during World War II when the demand for birth certificates significantly increased.

In order to bring the Vital Statistics Act in line with generally accepted practice and to strengthen and clarify certain features of the law, the Department of Public Health in cooperation with the research staff of the Illinois Legislative Council made a detailed study of national and various state practices. On the basis of this study, six bills were presented to the 65th General Assembly, five of which were passed by the Legislature and approved by the Governor. The effect of this legislation will improve the registration of births and deaths and the administration of these records. The various revisions will provide greater benefits to the citizens of this State.

BURIAL PERMITS

Senate Bill 160 revises the law with respect to burial permits. It allows funeral directors to remove bodies to mortuaries during the first 72 hours after death without the prior issuance of a burial or removal permit. Provision is made for interstate reciprocity in the recognition of burial permits which removes the necessity for duplicate permits to be issued in Illinois. Finally, Senate Bill 160 eliminates the provision whereby funeral directors may file a certificate and obtain a burial permit in a regis-

tration district or county other than the one in which the death occurred.

BIRTH RECORDS

Senate Bill 184 amends the existing law dealing with the administration of birth records. Procedures for the correction and alteration of records are strengthened by the requirement of documentary evidence in support of the changes requested. Those who legally change their names may now have corresponding changes made on their birth certificates. Records filed with the county clerk prior to 1916, when the vital statistics law was enacted, may also be altered legally to take care of errors, changes in name and omissions.

Senate Bill 185 also amends the Vital Statistics Act chiefly by clarifying the powers of the Department of Public Health in consolidating the registration districts into more efficient units. In addition, authority is granted for the appointment and removal of local registrars, appointments being limited to certain classes of local officials who maintain *full-time* public offices.

ADOPTIONS

Senate Bill 226 revises the Vital Statistics Act as it relates to certificates of births based on adoptions. Certain provisions of the old law have been clarified on the basis of experience during the past two years. The law now permits a new birth certificate to be established for any child born in Illinois and adopted before the present law became effective. Also the original birth certificate may now be restored as the official birth record of the child upon the request of the adopting parents.

Senate Bill 227 amends the Vital Statistics Act in relation to delayed birth registrations. The new law provides that documentary evidence is required in support of every request for a delayed registration. This requirement makes the resulting birth record more reliable and therefore acceptable as proof of birth. In the past, Illinois delayed birth certificates have not been readily accepted as reliable proof of birth. The amended law corrects this situation. A second provision defines the delayed birth registration as one which is filed one year or longer after birth instead of the ten day period as defined in the old law. Third, delayed registrations may be filed only with the State Department of Public Health or with the county clerk of the county in which the birth occurred. In the absence of adequate documentary evidence, a person wishing to establish a delayed birth registration may apply to the county court.

GENERAL HEALTH MEASURES

Among the eight laws which are more general in nature may be included *Senate Bill* 293 which appropriates $5,428,129 to the Illinois Department of Public Health for the 1947-49 biennium. This figure exceeds the last biennial budget by approximately $1,200,000. The increase includes $810,000 for grants-in-aid to local health departments, while the remainder will allow for salary increases, the higher cost of merchandise, printing and travel, and for improvements in laboratory facilities. Also appropriated to the State Department of Public Health, by *House Bill* 366, is the sum of $15,000 for the establishment of a first aid station in the State Capitol building at Springfield.

Three of the eight laws are concerned with county health departments. *Senate Bill* 166 validates elections authorizing a tax levy for the maintenance of a county health department as stated in the original petition and on the ballot, when the resolution adopted by the county board calls for the *establishment and* maintenance of such a department. *House Bill* 202 combines and clarifies two sections of the Searcy-Clabaugh law which pertain to the presentation of petitions for the establishment of county and multiple county health departments; and *House Bill* 925 makes the limitations on tax rates applicable to counties of less than 500,000 inhabitants subject to the provisions of the general revenue laws of Illinois.

Various sections of the district health department law were also amended by the enactment of two new bills. *House Bill* 814 provides for the appointment of a third member of the board of health where the district consists of two towns and the supervisor of one of the towns is also chairman of county board. It further authorizes the board of health to lease real estate and personal property, and it repeals the provision requiring the health officer to enforce ordinances relating to nuisances. *House Bill* 944 makes limitation on tax rates in public health districts

subject to the provisions of the State's general revenue laws.

The law relating to hotel and lodging house inspections was amended by *Senate Bill* 138. Heretofore, landlords of such establishments in cities of more than 100,000 population were required to file annually certain information with county clerks. Under the new law this provision applies only to cities with population of more than 500,000. In other words, Chicago is the only city that will come under the new ruling.

Laws Indirectly Affecting Public Health

The remaining bills, nearly 60 in number, cover a multiplicity of functions of State and local government. These do not necessarily come under the name of public health but they do, either directly or indirectly, aid in the promotion of better health. Perhaps most prominent among them is a series of ten bills, six of which extend the corporate limits of the Chicago Sanitary District; another which sets the peg levy for this district at $10,000,000 for each year begining in 1948; and three additional bills which affect the administration of sanitary districts throughout the State.

Of equal importance are nine bills providing for the control of contagious disease in cattle and other domestic animals. In this group particular emphasis is placed on Bang's disease and bovine tuberculosis, both of which may be transmitted to man. As a further aid to animal disease control, *Senate Bill* 135 authorizes the establishment of five diagnostic laboritories to serve the livestock and poultry industry.

Several other laws enacted were designed to improve the health and welfare of children. Among them is a bill appropriating $1,362,422 to the Division of Services for Crippled Children, a sum which exceeds by approximately $300,000 the amount alloted to the Division for the last biennium. A second bill increases the amount allowed for the education of educable mentally handicapped children; a third provides for standards relating to the sanitation and safety of schools; and a fourth bill authorizes the purchase of a building for the Illinois Children's Hospital-School at Chicago.

Of interest also is a group of laws pertaining to sanitation. In an effort to safeguard the health of workers, *House Bill* 276 amends the act providing washrooms in certain employments. It extends the provisions of the act to require the installation of toilet facilities and requires inspection of washrooms by public officials. Another law authorizes counties to license, tax and regulate all eating establishments or places of amusement outside municipalities. By *House Bill* 181, municipalities are permitted to extend public water supplies beyond their corporate limits; and by another law they are authorized to provide for the extermination of rats.

Other bills enacted pertain to the licensing of various professional workers, including the public health nurse, the sanitary engineer, and the chiropodist. In addition, the 65th General Assembly enacted new or revised laws dealing with such subjects as slum clearance, the regulation of narcotics, the care and treatment of persons suffering from epilepsy — all of which will have a bearing on the health and welfare of the people of Illinois.

MEASLES EFFECTIVE IN COMBATING KIDNEY DISEASE IN CHILDREN

Measles may prove to be effective in combating nephrosis, a kidney disease sometimes found in children, according to Drs. Richard W. Blumberg and Harold A. Cassady, of Cincinnati. Of five patients with kidney disease who became infected with measles, they state, the symptoms subsided in two while the other three experienced temporary improvement of their nephrosis. The physicians, who are from the Children's Hospital Research Foundation and the Department of Pediatrics, University of Cincinnati College of Medicine, point out that infection with measles was more effective in causing abatement of the kidney disease than any other curative agent they used. Writing in the *American Journal of Diseases of Children*, published by the American Medical Association, the authors also cite reports by other investigators which list four or five complete cures of the kidney ailment after infection with measles.

Correspondence

EXAMINATION FOR HEALTH OFFICERS OCT. 27

The Illinois Department of Public Health announces a competitive examination for Health Officers which will be held in Chicago, Illinois, on October 27, 1947. This examination is being held for the purpose of obtaining a list of eligible persons from which the Boards of Health of the Champaign-Urbana Health District, Champaign, Illinois, and the Stickney Health District, Cook County, Illinois, may select Health Officers. These positions will carry salaries of approximately $7,000 per year. Admission to the examination will be limited to persons having training and/or experience in the public health field.

For further information write to Roland R. Cross, M.D., Director, Illinois Department of Public Health, Springfield, Illinois.

CHICAGO MEDICAL SOCIETY POST GRADUATE COURSES

Place — Thorne Hall, Superior and Lake Shore Drive, Chicago, Ill.

Attendance — Limited to 100 for each course.
Fee — $50.00 each course.

CARDIOVASCULAR DISEASES

October 20 — *October* 25, 1947

Faculty

William E. Anspach — Chicago
M. Herbert Barker — Chicago
Emmet Bay — Chicago
William C. Buchbinder — Chicago
Thomas J. Coogan — Chicago
G. deTakats — Chicago
George K. Fenn — Chicago
Stanley Gibson — Chicago
George C. Griffith — Los Angeles
Norris J. Heckel — Chicago
Ford Hick — Chicago
Laurence L. Hines — Chicago
Julius Jensen — St. Louis
Louis Katz — Chicago
Norman M. Keith —Rochester
Ralph A. Kinsella — St. Louis
Peter C. Kronfeld — Chicago
T. C. Laipply — Chicago
Robert L. Levy — New York
Louis Limarzi — Chicago
Karl Paul Link — Madison
Harold C. Lueth — Omaha
C. C. Maher — Chicago
G. H. Marquardt — Chicago
Ovid O. Meyer — Madison
Francis D. Murphy — Milwaukee
Eric Oldberg — Chicago
Max M. Peet — Ann Arbor
Lewis J. Pollock — Chicago
Willis J. Potts — Chicago
Otto Saphir — Chicago
F. R. Schemm — Great Falls
R. L. Sensenich — South Bend
James P. Simonds — Chicago
LeRoy H. Sloan — Chicago
Reginald H. Smithwick —Boston
William D. Stroud — Philadelphia
Cyrus C. Sturgis — Ann Arbor
Don Sutton — Chicago
Theodore R. VanDellen — Chicago
Italo F. Volini — Chicago
George C. Wakerlin — Chicago
William B. Wartman — Chicago
Cecil J. Watson — Minneapolis
J. Edwin Wood Jr. — Charlottesville
Irving S. Wright — New York

GASTROENTEROLOGY

October 27 November 1, 1947

Faculty

Walter C. Alvarez — Rochester
Clifford J. Barborka — Chicago
Russell S. Boles — Philadelphia
Richard B. Capps — Chicago
Richard B. Cattell — Boston
Warren Cole — Chicago
Burrill B. Crohn — New York
Lester Dragstedt — Chicago
George B. Eusterman — Rochester
John H. Fitzgibbon — Portland
Warren W. Furey — Chicago
Lee C. Gatewood — Chicago
Harry Lee Huber — Chicago
Andrew C. Ivy — Chicago
Sara Jordan — Boston
Robert W. Keeton — Chicago
Frank H. Lahey — Boston
Grant H. Laing — Chicago
Raymond W. McNealy — Chicago
Arthur L. Mahle — Chicago
Frank C. Mann — Rochester
Karl A. Meyer — Chicago
J. J. Moore — Chicago
Harry A. Oberhelman — Chicago
Walter L. Palmer — Chicago
Charles H. Phifer — Chicago
Sidney A. Portis — Chicago
John T. Reynolds — Chicago
Danely P. Slaughter — Chicago
Lowell D. Snorf — Chicago
Frank C. ValDez — Chicago
Arkell M. Vaughn — Chicago
Asher Winkelstein — New York
Fay H. Squire — Chicago

For detailed information and application blanks, apply to Dr. W. O. Thompson, Chairman, Committee on Post Graduate Education, Chicago Medical Society.

MISSISSIPPI VALLEY MEDICAL SOCIETY MEETING AT BURLINGTON, IOWA, OCT. 1, 2, 3

The 12th Annual Meeting, Mississippi Valley Medical Society, will be held in the Municipal Auditorium, Burlington, Iowa, Oct. 1-2-3. Over 25 clinical teachers will conduct this post-graduate assembly whose entire program is planned to appeal to general practitioners. There will be technical and scientific exhibits, a noon-day round table luncheon, and a banquet, preceded by a social hour. Dr. Edward L. Bortz, President of the American Medical Association, will be the principal banquet speaker, together with the Presidents of the Illinois, Iowa, and Missouri State Medical Societies. For the first time in the history of the organization no registration fee will be charged. All ethical physicians are cordially invited to attend. A detailed program may be obtained from the Secretary, Harold Swanberg, M.D., 209-224 W.C.U. Bldg., Quincy, Illinois.

WOMAN'S AUXILIARY to the ILLINOIS STATE MEDICAL SOCIETY

PRESIDENT'S MESSAGE 1947-48

At the last state convention, the Woman's Auxiliary to the Illinois State Medical Society celebrated its twentieth anniversary. Looking back over the accomplishments of past officers and members, we, the officers and chairmen for for the coming year, resolve hopefully to continue the work assigned to us by the state society ever keeping in mind, the aims, high ideals, and purposes for which the auxiliary was organized, accepting them as our duty and obligation. As I bring you greetings, it is with the thought in mind that not only will the officers and chairmen put forth their best efforts in making this a successful year, but I humbly beseech the cooperation of every member, and ask their assistance in helping to "build and maintain" what our leaders before us have strived so diligently in the past twenty years to accomplish.

The auxiliary, which is made up of physicians' wives, working under the supervision of the Medical Society, has a great responsibility. This year it has been asked to continue working on the ten point pre-payment medical plan, to assist in legislative work, aid in the recruitment of student nurses, and again as a special request from them, has been asked to stress the benevolence fund program. As the need becomes greater each year, let us put forth our best efforts for this cause, so that some day the point will be reached, where all those in need may be cared for. The Auxiliary has always been proud to participate in this project and to reach this goal, the assistance of every member is neccessary.

We are fortunate in having a splendid Advisory Committee, which we can rely upon to ad-

vise us wisely and well in all our work. It is comprised as follows, Chairman Dr. Darwin B. Pond, Dr. Rollo K. Packard, Dr. Harold M. Camp and Dr. E. G. Beatty. The cooperation and encouragement of this group has meant much to us in developing a closer bond and understanding between the society and auxiliary.

In closing may I again ask the assistance of every member of the auxiliary to aid in every way possible towards the accomplishment of our objectives. Let me assure you it is my desire to be of service wherever and whenever possible.

Mrs. John Soukup.

WOMAN'S AUXILIARY TO THE ILLINOIS STATE MEDICAL SOCIETY

Advisory Committee

Dr. Darwin B. Pond, Chairman, 4753 No. Broadway, Chicago, Ill.
Dr. Rollo K. Packard, 826 East 61st St., Chicago, Ill.
Dr. E. G. Beatty, 621 West Lincoln, Pontiac, Ill.
Dr. Harold M. Camp, Monmouth, Ill.

Officers

President—Mrs. John Soukup, 10754 Lafayette Ave., Chicago 28, Ill.
President-Elect—Mrs. L. N. Hamm, 325-11th St., Lincoln, Ill.
1st Vice President—Mrs. E. M. Egan, 6741 Euclid Ave., Chicago, Ill.
2nd Vice President—Mrs. Walter Stevenson, 230 So. 16th St., Quincy, Ill.
3rd Vice President—Mrs. V. E. Engelmann, 11333 Parnell Ave., Chicago, Ill.
Treasurer—S. M. Hubbard, Ridge Farm, Ill.
Recording Sect'y—Mrs. C. E. Sibilsky, 100 No. Glenwood, Peoria, Ill.
Corresponding Sect'y—Mrs. Warren W. Young, 10750 Calumet Ave., Chicago, Ill.

DIRECTORS

Mrs. E. W. Burroughs, Shawneetown, Ill.
Mrs. Herbert Hinkel, 2135 Wiggens Ave., Springfield, Ill.
Mrs. Frank P. Hammond, 1518 East 59th St., Chicago, Ill.

COUNCILORS

1st. District—Mrs. C. C. Weller, 834 Garfield, Aurora, Ill.
2nd District—Mrs. R. E. Miltenberger, Spring Valley, Ill.
3rd District—Mrs. C. W. Stuart, 330 No. Austin Blvd., Oak Park, Ill.
Mrs. Roy Hutchinson, 4418 West Parker Ave., Chicago, Ill.
Mrs. John Glynn, 7652 Euclid Ave., Chicago, Ill.
4th District — Mrs. L. A. Burhans, 208 Biglow, Peoria, Ill.
5th District — Mrs. Carl Becker, Park Place, Lincoln, Ill.
6th District — Mrs. J. H. Blomer, Hotel Lincoln Douglas, Quincy, Ill.
7th District — Mrs. Cecil Maxey Kell, 521 W. Main St., Salem, Ill.
8th District — Mrs. Harlan English, 6 W. Raymond, Danville, Ill.
9th District — Mrs. W. F. Stanelle, Shawneetown, Ill.
10th District — Mrs. James Henry, 3254 Waverly, East St. Louis, Ill.
11th District — Mrs. C. R. Curtiss, 954 Glenwood, Joliet, Ill.

CHAIRMAN OF STANDING COMMITTEES

Archives — Mrs. A. J. Sullivan, 7122 Euclid Ave., Chicago, Ill.
Benevolence — Mrs. C. C. Kane, 8521 State St., East St. Louis, Ill.
Bulletin — Mrs. R. E. Johnson, 2057 W. Jarvis, Chicago, Ill.
Convention — Mrs. Paul Bucy, 4833 Woodlawn Ave., Chicago, Ill.
Credentials & Registration — Mrs. H. Christianson, 6557 S. Talman, Chicago, Ill.
Finance — Mrs. W. L. DuComb, Carlyle, Ill.
Hygeia — Mrs. V. E. Engelmann, 11333 Parnell Ave., Chicago, Ill.
Hostess — Mrs. A. F. Gareiss, 1722 West 101st St., Chicago, Ill.
Legislation — Mrs. George E. Kirby, Spring Valley, Ill.
Organization — Mrs. L. N. Hamm, 325—11th St., Lincoln, Ill.
Press & Publicity — Mrs. A. T. Kwedar, 414 So. 7th St., Springfield, Ill.
Printing — Mrs. T. B. Carney, 611 So. Tremont, Kewanee, Ill.
Program — Mrs. E. M. Egan, 6741 Euclid Ave., Chicago, Ill.
Public Relations — Mrs. Walter Stevenson, 230 So. 16th St., Quincy, Ill.
Post War Planning — Mrs. G. Henry Mundt, 2214 East 69th St., Chicago, Ill.
Revisions — Mrs. G. W. Lawson, 5938 No. Kolmar, Chicago, Ill.
Chairman of Members at Large — Mrs. A. E. McCornack, 265 Hamilton Ave., Elgin, Ill.
Parliamentarian — Mrs. Clarence Goodwin, 4646 Woodlawn Ave., Chicago, Ill.

MEDICAL PUBLICATIONS NEEDED OVERSEAS

As a result of war and persecution, doctors, dentists and technicians in allied fields throughout Europe have been deprived for more than

(*Continued on page 200*)

Original Articles

MAN LOOKS TO MEDICINE

ALPHONSE M. SCHWITALLA, S.J.,
DEAN, ST. LOUIS UNIVERSITY SCHOOL OF MEDICINE.

I. MEDICINE AND MYTHOLOGY

Away back in the remote obscurities of mythical history, medicine was accepted as his responsibility by not less a dignified and engaging a personality than Phoebus Apollo, the son of Jupiter. The aptness of that patronage is striking for Apollo was the god of light, the god of life, the Olympian patron of all light-giving and light-producing, life-giving and life-producing processes in creation. As such, he becomes the patron of mental and moral purity, of order and legality in human life and conduct, the first patron of health and medicine. Chaucer reminds us of all of this when he said "Phoebus had first found an art in medecyne" but Apollo must have had his weaknesses and his foibles and probably a strong sense of cynical humor, for when his younger brother was born, Hermes, the youngster at noon on the day of his birth, invented the lyre, in the afternoon he stole fifty thousand heads of Apollo's cattle and then, after these great achievements, laid himself down quietly in his cradle from which Apollo snatched him, brought him before the throne of Zeus and accused him of his misdeeds. But the infant smiled, as many an infant must have done since, and mollified the irascible Zeus. He took out his lyre and softened too, the offended dignity of Apollo, who became so enamored with the music and the smile, that he exchanged his magic wand for the lyre which from that time onward, became the distinguishing symbol of Apollo, for the magic wand and with that wand he transferred to Hermes, who then became Mercury, many of his responsibilities. Hermes was the god of inventiveness, versatility, trickery and cunning and also of medicine and the magic wand which converted everything it touched into gold, became the caduceus, the symbol of medicine.

Whether it was an evil day or a blessed day for medicine when this exchange was accomplished, far be it from me to settle but even without too much insight into the situation, I could still hazard the guess that there was a certain amount of prophetic anticipation in the transfer of medicine from the partonage of life and light to the patronage of inventiveness and cunning, not to mention the other prerogatives of Hermes, and an equally prophetic anticipation in the transfer of the magic wand from Apollo's hands to Mercury' hands. Even from its earliest historical obscurities, medicine has been accused right down to the days of the Wagner-Murray-Dingell Bill of "selling out" science for salaries and the art of healing for the art of deception, circumvention and prevarication. Even mythical history would seem to repeat itself.

II. THE QUESTION OF THE INQUISITOR

Now, all of this is seemingly a far fetched beginning for the tremendously important question implied in my title. My title is seemingly assertive but in reality, I mean it to be inquisitive. I have called this quiet meditation which we are making together "Man Looks to Medicine", but the real subject of the meditation is, "does man look to medicine" and if he does, "for what does man look when he looks

Address, Annual Dinner, The Illinois State Medical Society, Palmer House, Chicago, Illinois, May 13th, 1947.

to medicine", and if it is agreed that there are certain phenomena which man looks for when he looks to medicine, the further question can come, "can or does or will medicine give to man what man is looking for when he looks to medicine?" Those are the really fundamental questions which today's history not otherwise than the history of medicine in the whole of civilization seems to pose before us with such insistence. The history of medicine might therefore just as well be called the history of the enigma of medicine, for medicine has really been an enigma throughout the whole progress of civilization; an enigma which challenged the thought, the interests, the allegiances of men; and enigma which elicited answers not only among peoples but in the psychology of persons. Like all great truths and realities in life, medicine has served as a division point between contending factions. It has served as the basis of convictions, as the subject matter of shibboleths, as the two-edged sword that cuts in many ways, as the shield that is golden on one side and silver on the other and thus gives cause for the joust of knights-errant.

And so on and so on. All of this is subject matter for the true amateur in medical history, for the lover of the facts and fancies of human history, which is so largely identified with the history of medicine. But I am not interested for the moment in tracing the history of these questions, profoundly pre-occupying as they are, I want to take the matter seriously as being a pragmatic reality in this world of ours at this moment and, therefore, I shall again, re-state my title as an assertion, man does look to medicine and it is the concern of medicine to know why man looks to it; the concern of medicine to know what man finds when he looks to medicine. It is the responsibility of medicine, moreover, to really have within itself those traits which man thinks he has a right to find when he looks to medicine. What then does man want to find when he looks to medicine?

III. COMPETENCE, THE FIRST QUEST

The first object of man's search as he looks to medicine is competence, by which, of course, we all understand in some sense the sufficiency of qualifications in medicine or the capacity in medicine to deal adequately with the subject matter which medicine has defined for itself as its proper object. Now, the very word "competence", independently of its definition, suggests a most prolific line of thought to me as does also the word "sufficiency of qualification", as does also the word "subject matter". Each of these has something to do with man's quest as he looks at medicine. Competence means, first, a coming together of several persons, an interchange of views in such a meeting, the emergence of rivalries as in a competition and then by further transformations of meaning and the elimination of ambiguities, it has come to mean the qualifications in the individual that enabled him to emerge among competitors and rivals; and finally, by an abstraction, it is the word which describes for us those qualifications through which a man achieves distinction, high distinction, if his competence is high, sufficient or indaquate distinction if his competence falls short.

But the point in this verbal analysis is precisely this, that competence originally was thought of as the outcome of rivalries and so, when a man looks for competence in medicine, I am willing to admit that he seeks the best physician whom he can find; he seeks quality; he seeks distinction. Whether it be on the level of the average man or on higher levels, man in such a level wants the best that medicine can offer him in his particular restricted circle. When man looks to medicine and seeks for the best, he is willing to give all he has because he knows that even if he gives all, he still cannot give anything comparable to the value of that which he seeks from medicine, his mental or his physical or his moral health. I shall leave the rest to you to work out and I shall suggest only that the writing of standards and the passing of examinations and the specialty boards and ever so many other of the techniques by which medicine has maintained its right to pre-eminence in culture and civilization, has a deeply rooted justification in individual and group psychology, the evidence for which may be found in the philological history of the word "competence".

Now competence is associated, to be sure, with sufficiency and here we encounter realistic problems. A man must be sufficiently competent for what? And if he is sufficiently competent, then we should be able to define the subject matter of his competence. And so, I find my-

self weaving the webs of my logical and imaginative thought around the major problem in medicine which involves the concept of competence and which today is the dividing line among physcians themselves, the one subject of conversation that one encounters in any group of physicians. Of course, I am thinking of the general practitioner, the G.P., you might rather call him. Perhaps what I am here saying gives the clue to the future solution of the many questions focussing upon the G.P. Perhaps the question is not so much what the G.P. should do or how the G.P. should prepare to do it or whether the G.P. should be admitted to hospital staffs or what should be the limitations of the G.P.'s responsibility. It seems to me these questions, important though they may be, have only a derived and a second significance, derived from and secondary to the more basic questions of the G.P.'s individual competence. Has the G. P. really emerged, and I am talking about the G.P. not in the abstract, that is, not about the general practitioner in general, but I am talking about this G.P., this individual physician. He has a tremendous responsibility when a patient comes to him. If he is competent to carry out that responsibility, why should he need a specialist to help him carry the burden which he himself is able of himself to carry? For after all, the patient-physician relationship is most completely and fully exemplified in the general practitioner, almost ideally exemplified. The psychosomatic aspects of medical practice can fined — whatever may be said of the factual condition — an almost ideal exemplification in the work of the general practitioner. Of course, there are circumstances in institutions and contingencies in which the specialist will be invoked but even this fact is implied or hinted in the basic thoughts underlying "competence". For no man emerges equally in all phases of life's activities, no physician emerges equally in all phases of professional activity, no general practitioner can achieve all the marvels by himself which the medical profession as a whole can achieve, no matter how great he may be.

And so, when man looks to medicine and seeks competence in the practitioner of medicine, man knows what he longs for and the physician knows and with insight and sincerity on both sides, the physician will give the best he has and if he knows he does not have the best that medicine can offer, that is, if he does not have sufficient competence, he will unselfishly, self-forgetfully, ethically know when to seek a support for his responsibility in the special competence of his equally unselfish colleague. The colleague will know that he is dealing with the patient of another physician and will be guided accordingly in his conduct. The practitioner will know that he can trust his specializing colleague and will be guided in his conduct and the patient looks at medicine in the hope that his quest may result in competent care for himself in seeking health.

IV. Wisdom, the second quest

It is interesting that in setting standards, medicine defines them so largely in terms of knowledge, in terms, in other words, of intellectual achievement. The medical schools want the superior student as determined by college achievement in terms of grades or as determined by aptitude tests in terms of percentile ratings or as determined by letters of recommendation, almost all of which tell how good a student an individual might be, what place he occupied in a class of fifty or a hundred fellow students. What the medical schools do in initiating a prospective physician into the antechambers of medicine, the hospitals do in selecting interns and residents, and the specialty boards do in initiating specialists and the learned societies do, not all, of course, with equal exclusiveness or equal punctiliousness but somehow or another, intellectual traits are the traits upon which we have come to rely in defining competence.

Now, there is much to justify this. First of all, there is the practical reason that we can keep records of a student's grades in college and medical school and we can grade his examinations and we can work out averages and draw graphs and correlate achievements in one subject with achievements in another subject. But this performance, the more mathemetical it becomes, the farther does it remove us from the object of the quest when man looks at medicine. Too much of this sort of exercise makes all of us sympathize with our paradoxical Chesterton:

"Twice one is two,
Twice two is four,
But twice two is ninety-six if you know the way to score.

Half of two is one,
Half of four is two,
But half of four is forty per cent, if your name is Montagu:
For everything else is on the square
If done by the best quadratics;
And nothing is low in High Finance
Or the Higher Mathematics."

When man looks at medicine, what is the second object of his quest? I hazard the guess that it is Wisdom. Now wisdom is easily defined. We all would give a definition something like this, that it is the capacity of judging rightly in matters of life and conduct or as a dictionary definition has it "soundness of judgement in choice of means to an end". But these fascile definitions give not the least of an insight into the long, long history of the changing suggestions concerning wisdom. May I play with this thought for just a moment without boring you?

The English call it "wisdom" and the Germans call it "Weisheit" and the French call it "sagesse", all terms which fall into the same pattern established in the little meditation which we have just finished when speaking of competence. Civilized society emphasizes the knowledge component of competence. But the Greeks had a little more insight because Sophia, which is wisdom, by its very derivation started out to designate skill in handicraft and carpentry. We must remember, however, that for a Greek, still always implied knowledge, always signified what we would understand by "intelligent skill". Pinder the term "sophia" as applied to medicine and surgery in the sense of skill in the practice of medicine or surgery, but again, in the sense of distinction in skill. But the Latins went ever so much farther and in this matter, if in no other, they seemed to have probed to the very depths of the meaning of wisdom, for to them, wisdom was "sapientia", a word derived from the verb "sapere" which means to taste, to relish, to enjoy, to take pride in, to discern. The Latins, therefore, emphasized the judgment component of wisdom, whereas, the moderns emphasized the knowledge component, and the Greeks occupy an intermediate position. For us English-speaking persons, wisdom and wizard are all too uncomfortably related which may account in the depths of our self-conscious psychology for our patient endurance of quackery but that, of course, is subject for another paper.

What then does man seek when he looks to medicine and when, as I have said, the object of his quest is wisdom? I think he looks for wisdom in the sense of sapientia; he looks to medicine or to the medical practitioner for a judgment based not only on knowledge but based on insight, intuition, experience. He looks for that subtle thinking which grows out of experience, even out of the experience of failure when properly evaluated; he looks for a judgment that is transilluminated by unsparing sincerity but also warmed by the appreciation of human values, ignited by whatever it is that corresponds to love in the patient-physician relationship; he looks for good taste in the physician, the good taste of manners, behavior and speech, because he knows that good taste in the grand sense of the word "sapientia" is impossible without the deepest appreciation of human values. Trifles cannot be relished in moments of great issues. Wisdom cannot toy with trinkets in matters of life and death.

And now, that you have permitted me to bore you with this disquisition, is there any threat to the persistence of wisdom in medicine? Is there danger that that for which a man looks when he looks to medicine, may have disappeared or may disappear in the future? Yes, perhaps there is. Perhaps there is fractionation in medicine, routinization, an averaging in content and method. Perhaps we have lost some of the warmth and fire and enthusiasm of the physician's love for humanity and of humanity's respect for the physician; perhaps mechanization in medicine is a threat; perhaps the substitution of economics for knowledge and the multiplication of assistants to the physician; perhaps rushed bedside manners and crowded offices and secretarial multiplications and group practice and chromeplated furniture and elaborate financial accounts and complicated prepayment plans and interdependence of hospitalization schemes with medical service schemes. Perhaps all of these and goodness knows how many other things may prove to be widening and deepening chasms, on one edge of which stands the patient, and on the other edge, the physician, while the chasm becomes deeper and wider with the passing of

time until the physician reaches the patient by remote control or by studies of radioactive drugs or by radar control through a Geiger counter. There are ever so many synergists effecting the deterioration of medical wisdom and sometime or another, we shall want to focus many anagonists to such deterioration upon the problem of conserving wisdom. Medicine must progress but not at the expense of its wisdom. The man who looks to wisdom must still be able to find the wise man to whom he can pour out the whole of his mind and heart and soul, his thoughts and feelings, his emotions and fears, his dreads and his joys, his triumphs and his anxieties, because that physician will know how to effect the resynthesis of a fragmented personality, if necessary, with the aid of all the modern paraphernalia of medicine, but if necessary also, without such aid, merely by the concentration upon a human problem of a competent and wise personality.

V. LEADERSHIP, THE THIRD QUEST

And now, let me hurry to give scarcely more than a glance to the third object of man's quest as he looks to medicine. I think man looks to medicine for leadership. Now, leadership is a complicated thing, a leader is one who guides others either in action or in opinion; a leader is one who takes the initiative which means not merely the first place but the effective place in an enterprise or a movement; a leader is one who must be in a sense, a schizophrenic in his field, a fanatic, an unquestioning and an undoubtful believer in the validity of his cause, who is willing to go so far in his belief that he will inspire others to take fire from the flame that burns in his own soul. Yes, medicine can do this and the individual physician can do this and the man who looks to medicine expects medicine to do this.

We are this year celebrating the hundredth anniversary of the foundation of the American Medical Association. It has been a century of leadership by medicine; leadership through the science of medicine; leadership through the practice of medicine, through the ethics of medicine, through medical education, through the thousand and one applications of medical thought to industry and commerce, to government and finance. It has been a century of challenged leadership because many were those who would not acquiesce in the leadership of medicine and who tried to place their own puny judgments of what is good for mankind in opposition to the combined judgment of medicine as personified in the reputable physicians who stood for competence and medical wisdom. No, I would not exaggerate; the leadership of medicine has not been perfect. There have been moments in a hundred years when lesser Councils prevailed, when the bayleaves and olive branches of the first caduceus became the paired serpents and the wizard wand of the second caduceus; when in moments that were fortunately very rare, the pressure of public opinion at times prevailed over principle, but all in all, the triumph is really this, that after one hundred years of effort in medicine, man can really look to medicine in America for leadership and find ever so much to attract his loyalty and his allegiance, to elicit his confidence, to inflame his enthusiasm, to command his acquiescent obedience. For medicine in America is a movement besides being a science and an art. It is a philosophy; it is public opinion; it is an enterprise, it is a national activity; it is a dynamic and essential element in the American pattern; it is a pervasive phase of American psychology and sociology; it is a trend towards the truth, an urge towards morality. All of this man has found in medicine when he looks to medicine.

VI. SUCCESS IN THE QUEST

My final word is to raise a brief question and to give as brief an answer. Why has man, when he looks to medicine, found competence and wisdom and leadership? Because medicine is personified in the physician and the individual physician, for the most part, is one who has achieved in himself that which medicine as a whole has achieved in itself and the individual physician has achieved it because of his appreciation of the majesty of his profession, because of his appreciation of the obligations of his profession, because of his appreciation of his responsibilities. And that responsibility was justified because the physician has had faith in himself, faith in his colleagues and most of all, faith in God without which there can be no true responsibility, no true obligation, and hense, no true leadership nor competence nor wisdom. Medicine is great in the eyes of man, because the men who make and master medicine are great, and they are

great because being makers and masters of medicine they are still men of whom their fellow men are legitimately proud, in whom man finds what he seeks when he looks to medicine.

BULBAR POLIOMYELITIS: ITS DIAGNOSIS AND TREATMENT

A. B. Baker, M.D.
MINNEAPOLIS

It has long been recognized that the death rate in acute anterior poliomyelitis is high when the bulb is affected. However, an attempt to explain the mechanism of death has often forced one to resort to rather vague and unsatisfying generalities about bulbar dysfunction. Recent advances in the field of neuro-anatomy and physiology make it both possible and advisable to re-examine the problem of the cause of death in bulbar poliomyelitis in light of this new knowledge with further efforts being directed at more intelligently combating the disease.

During the recent epidemic of poliomyelitis in Minnesota, 183 cases of bulbar poliomyelitis were admitted to the University of Minnesota hospitals. This large group of patients afforded an opportunity to study the bulbar form of this disease from the standpoint of clinical findings, the effectiveness of therapy, and the pathologic physiology.

On the basis of clinical symptomatology and supported by pathologic findings it has been found possible to divide bulbar poliomyelitis into four groups. These groups are classified in accordance with the predominant symptomatology, but it must be emphasized that the groups merge into each other and propably do not occur in pure form. The classification proposed is as follows: 1. The cranial nerve nuclei group. 2. The respiratory center group. 3. The circulatory center group. 4. The encephalitic group. A fifth group will be presented in which bulbar lesions were combined with paralysis of the peripheral respiratory mechanism (diaphragm and intercostals.) Such a classification seems very helpful for adequate understanding, treatment, and prognosis of bulbar poliomyelitis.

From the Division of Neurology, University of Minnesota Medical School. Aided by a grant from the National Foundation for Infantile Paralysis.

Presented at the 107th Annual Meeting, Illinois State Medical Society, Chicago, Ill., May 12, 1947.

The Bulbar-Cranial Nerve Nuclei Group. — In this group the outstanding neurologic findings are in the distribution of the motor nuclei of the third, fourth, fifth, sixth, seventh, ninth, tenth, eleventh, and twelfth cranial nerves. With the exception of the ninth and tenth nerves, paralyses of these cranial nerves alone does not present any real danger to the life of the patient. However, they serve as a warning of possible serious impairment of more vital functions. When the tenth cranial nerve is involved there is impairment of swallowing and faulty innervation of the larynx. This presents a serious threat to the life of the patient by obstruction of the airway. These patients will complain of difficulty in swallowing and will have pooling of saliva in the throat. The speech often has a nasal quality and may be hoarse from faulty innervation of the vocal cords. An occasional patient is unable to talk. If these symptoms are mild, the patient should have a special nurse in attendance to afford constant observation. Feeding by nasal tube, or parenteral fluids is indicated. In selected mild cases, careful spoon feedings may be used.

Considerable importance must be placed upon severe lesions of the tenth cranial nerves because as noted above, such lesions furnish an immediate threat to the life of a patient with bulbar poliomyelitis. With the inability to swallow, there is the constant tendency toward pooling of saliva and food in the pharynx. This accumulation produces an obstruction to the airway. A further threat to the airway occurs with the danger of aspirating fluid into the larynx or by producing sudden asphyxia from reflex spasm of the glottis. Lesions of the tenth nerve may also produce impaired innervation of the vocal cords. This may manifest itself by a warning stridor. However, rapid abductor paralysis of the vocal cords may occur giving sudden asphyxia and death. Direct laryngoscopic examination of a patient in such an asphyxial crisis showed the vocal cords to be in the midline. Immediate insertion of a Mosher life saving tube in that case re-established the airway.

Interference with the airway by the accumulation of fluid in the throat has been combatted by postural drainage and by suction. This, however, will not prevent approximation of the vocal cords in the midline. The importance of main-

taining an adequate airway is apparent when it is remembered that any period of anoxia whether acute or chronic can do irreparable damage to nerve cells which are already suffering from the inflammatory disease. A further complication arising from occlusion of the upper airway is the production of atelectosis and pulmonary edema. Undue delay in performing a tracheotomy may subject the patient to a severe anoxic insult and an increased danger of pulmonary edema which markedly reduces his chance for recovery.

For these reasons it may be wise to perform early elective (prophylactic) tracheotomy on selected cases of bulbar poliomyelitis involving the lower cranial nerves. The following criteria have been utilized by us in deciding elective tracheotomy in bulbar poliomyelitis: recent onset of bulbar symptoms with evidence of progression of the illness during the period of observation; general appearance of toxicity especially with high fever and rapid pulse; progressive difficulties in swallowing or the accumulation of secretions in the throat; mental changes, especially anxiety, apprehension, hyperactivity, confusion or euphoria in a patient with difficult swallowing.

The appearance of laryngeal stridor, dyspnea despite adequate chest excursions, cyanosis, and severe encephalitic symptoms indicate serious obstruction of the airway and require emergency intubation or tracheotomy. In patients with partial or complete obstruction of the airway, there are strong inspiratory efforts in an attempt to overcome the hypoxia. These inspiratory efforts in the face of an obstruction, produce a relatively great negative pressure in the bronchioles and alveoli. This negative pressure in effect sucks fluid, plasma, and even red blood cells out of the pulmonary capillaries into the alveoli producing pulmonary edema. For this reason patients suspected of having had a period of airway obstruction should receive oxygen therapy preferably under some positive pressure to combat pulmonary edema and maintain adequate oxygenation.

Following a tracheotomy, the bulbar poliomyelitis patient still requires constant care by special nurses. It is necessary to continue to aspirate the accumulation of fluids in the pharynx. During the first days following a tracheotomy there often is considerable tracheal secretion requiring aspiration. The inner tracheal cannula is inspected and cleaned frequently. The tracheal secretions became very viscid unless the inspired air is adequately humidified.

Two cold humidifiers in the average room provide adequate humidification. This method, however, makes the room very uncomfortable. It is much more satisfactory to deliver moistened air and oxygen mixtures direct to the tracheotomy tube by using a tracheotomy inhalator.

Bulbar-Respiratory Center Group. — In our experience symptoms of involvement of the respiratory center in the medulla have come on a number of days following the onset of cranial nerve paresis. The patients in this group have shown some cranial nerve involvement and have also shown some of the symptoms of the circulatory and encephalitic groups. However, the outstanding symptoms have been respiratory. During the course of their illness these patients develop first irregularities of rhythm and depth of respiration. Respirations tend to be shallow and there are prolonged intervals between inspirations. These respiratory symptoms occur despite strong intercostal muscles and diaphragm. During and previous to the development of respiratory symptoms these patients are very anxious and apprehensive. They require frequent reassurance to calm them. There are periods of confusion. In such cases, oxygen therapy should be started or increased. The effectiveness of the oxygenation can be followed by the use of the Milliken oximeter and checked by arterial oxygen determinations.

As failure of the respiratory center in the medulla progresses, there are increasing periods of apnea with Cheyne-Stokes periodic respiration. Confusion, delirium and coma appear. Atelectasis and extensive hemorrhagic pulmonary congestion are common at this point and are indicated clinically by cyanosis and impaired chest excursion even in a mechanical respirator. These symptoms require immediate intensification of oxygen therapy. However, the concentration of oxygen used should ordinarily not exceed 60%. In emergencies it may be necessary to use 100% oxygen for a limited period of time. Oxygen under positive pressure of 2 to 6 cm. of water increases the exchange of gas at the alveoli. This positive pressure assists in combating pulmonary edema. If the chest excursions

are not powerful enough to produce expiration against positive pressure oxygen, a mechanical respirator is required. The vest type respirator or the standard iron lung type may be used. In either case the respirator flap valves should be adjusted so that alternating positive and negative pressure is applied to the chest wall in order to force expiration against the positive pressure oxygen mixture being administered via the tracheotomy. A trachcotomy is essential in any of these patients who are put in a respirator because the mechanical respiratory excursions will produce severe pulmonary edema if there is any obstruction to the airway. Any manipulation, such as frequent suction of the trachea, which interferes with oxygenation should be avoided. Sedation of patients in this group should be avoided or used with extreme caution because of the depressant effect upon an already damaged respiratory center.

Of the 183 bulbar poliomyelitis patience, 36 were classified clinically as belonging to the respiratory center group with 69.1% mortality for the group. Five of these patients were put in respirators without receiving a tracheotomy and 100% of these patients died. There was a 64.5% mortality among the remaining 31 patients. At necropsy there was marked hemorrhagic pulmonary edema giving lungs which grossly resemble liver. Microscopic examination of the medulla oblongata at the level of the inferior olive showed extensive inflammatory necrosis bilaterally in the ventral reticular substance. The normal structures in this area were obliterated bilaterally.

The Bulbar-Circulatory Center Group. — Symptoms referable to damaged central control of circulation has been observed in the more severe cases of bulbar poliomyelitis belonging to the first and second groups described above. However, we have observed a few patients with minimal or no cranial nerve pareses in whom circulatory collapse was the outstanding symptom. In these cases one may be forced to make a diagnosis of bulbar poliomyelitis in spite of apparently normal function of the cranial nerves. When the symptoms of circulatory involvement supervene in any form of bulbar poliomyelitis the prognosis is extremely grave.

Certain clinical features seem to be ascribable to the failure of this central control of circulation. The patients have a dusky, red, flushed, florid appearance. The lips are a deep cherry red. The pulse is very rapid, often irregular, and at times difficult to palpate. The blood pressure has a downward trend and may become unobtainable. The pulse pressure is small even though the systolic pressure is at normal level. Terminally the patient goes into shock with lividity, cold and clammy skin, and hyperthemia. The heart stops before respirations cease. Milder forms of these circulatory symptoms complicated the clinical picture in many of the patients in the groups of bulbar poliomyelitis.

At necropsy the lungs were the site of marked hemorrhagic pulmonary edema. Sections through the medulla at the level of the inferior olive revealed intense inflammatory necrosis bilaterally within the dorsal reticular substance just below the floor of the fourth ventricle. The necleus ambiguous showed almost no involvement.

Treatment in this group is unsatisfactory if the symptoms become at all severe. Intensive oxygen therapy should be instituted early and tracheotomy should be performed on the slightest indication of obstruction of the air-way. Supportive measures in combating shock have been of only temporary benefit in our experience. In milder cases such measures may tide the patient over until vasomotor control is reestablished by the nervous system.

Encephalitic Group. — Encephalitic symptoms occur commonly in bulbar poliomyelitis and are universal among the more severely ill patients. In 15 of the 183 bulbar poliomyelitis patients, the encephalitic symptoms were the outstanding clinical feature. These symptoms include anxiety, restlessness, hyperexcitability, muscular tremors and twitchings, irritability and confusion, lethargy and coma, and convulsions especially in children.

Further symptoms noted were frequent quivering, trembling, twitching, and jerking of the facial musculature and to a lesser degree of the extremities. A further symptom noted was inability to sleep. Many of these patients remained awake for several days and nights before their hyperactivity subsided. However some unfortunate experiences with sedatives, led us to rely as far as possible upon aspirin and careful nursing attention to keep these patients comfortable. When such symptoms appear, they first should

be considered to be due to hypoxia even if there is no cyanosis. Only when they persist after adequate oxygenation is achieved should the symptoms be ascribed to actual involvement of the cortex by the virus. Such a state of hypoxia may be produced by an unrecognized partial airway obstruction, a failure of central control of respiration or circulation, an adequate function of diaphragm and intercostals, an acute pulmonary edema, or atelectasis and hemorrhagic pulmonary congestion. Once the exact causative factor has been discovered, the corresponding therapy can be instituted.

Of the fifteen patients with encephalitic symptoms as the outstanding manifestation only one patient died.

Combined Bulbar-Cervico-Thoracic Cord Group.—The patients in this group in addition to their bulbar symptoms required a respirator because of severe damage to the cervical and thoracic cord producing failure of the diaphragm and intercostal muscles. In this combined clinical group there were a considerable number of patients. Nineteen out of fifty-nine adult bulbar patients fell into this group. These patients pose a special treatment problem and for that reason are placed in a separate group.

These patients may also show cranial nerve palsies, encephalitic symptoms, and signs of cardiorespiratory center involvement in addition to paralysis of the diaphragm and intercostal muscles. It is essential in these patients to ensure an open airway before placing them in a respirator; or to maintain an open airway once the patient is in the respirator. Inspiration forced by the respirator against a partially obstructed airway creates relatively marked negative pressure in the alveoli, sucking fluid out of the pulmonary capillaries and producing acute pulmonary edema. This situation can be avoided by the early use of tracheotomy. If pulmonary edema is present or suspected, oxygen therapy preferably under positive pressure should be started. A modified respirator head has been developed for these cases. To adapt the standard design respirator for a patient with a tracheotomy the upper part of the respirator head was tilted foreward about six inches and welded in position. This made the patient's throat accessible as far as the sternal notch. In addition, a cone-shaped rubber collar has been substituted for the ring-shaped sponge collar in order to afford even greater access to the tracheotomy and to promote the comfort of the patient.

The prognostic importance of a combined lesion is emphasized by the fact that only five of these nineteen patients survived. The most frequent findings at necropsy in this group aside from nervous system lesions were hemorrhagic pulmonary edema, atelectasis, bronchopneumonia, lung abcess, and, in one a massive pulmonary embolism.

SUMMARY

Four syndromes of bulbar poliomyelitis are described as follows: 1. The cranial nerve nuclei group with lesions involving chiefly the motor nuclei of the cranial nerves; 2. The respiratory center group with the predominant lesions in the ventral reticular substance of the medulla; 3. The circulatory center group with lesions in the dorsal reticular substance; 4. The encephalitic group with more diffuse lesions.

The following guides to handling bulbar poliomyelitis are suggested: 1. Early elective tracheotomy. 2. Adequate suction of the pharynx and tracheotomy. 3. Oxygen mixtures up to 40 percent oxygen under positive pressure if pulmonary edema is expected. 4. Adequate humidification of the gas mixture. 5. A careful checking of the oxygenation of the patient by means of arterial oxygen determinations and the use of the oximeter. 6. Frequent moving of the patient to avoid hypostasis and thrombophlebitis. 7. Maintenance of nutrition by nasal feeding. 8. The use of penicillin prophylactically. 9. The avoidance of sedative drugs and the use of stimulants. 10. Early closure of the tracheotomy. 11. Unceasing watchfulness on the part of physician and special nurses including the realization that mechanical devices are far from foolproof.

During the past 50 years tuberculosis has been declining more rapidly in childhood and adolescence than at any other age. In fact, tuberculosis has become primarily a disease of middle-aged and old people. In Massachusetts the reaction rate to the tuberculin test in school children dropped 50 per cent between 1925 and 1940, and the amount of pulmonary tuberculosis found by mass examination fell proportionately. In Tennessee, with a high tuberculosis death rate, the state department of health reports five cases per 1,000 among high school students, compared with two per 1,000 found in Massachusetts. Alton S. Pope, M.D., NTA Bull., Nov., 1946.

POLIOMYELITIS

A Review of 225 Cases

Rural and Urban Patients

ARCHIBALD L. HOYNE, M.D.
and
PETER J. COTSIRILOS, M.D.
CHICAGO

During the year 1946, poliomyelitis was more prevalent than usual in the Chicago area. There were 225 admissions to the Contagious Disease Department of Cook County Hospital. Table I shows the distribution of patients according to months. It may be noted the peak was reached in August, as commonly occurs, and that this month and September accounted for more than one-half of the total admissions for the entire year. One hundred forty of the patients came from small towns or country districts in Cook County and the remaining 85 were residents of Chicago.

TABLE 1
ADMISSIONS BY MONTH

MAY	2
JUNE	5
JULY	31
AUGUST	67
SEPTEMBER	51
OCTOBER	30
NOVEMBER	33
DECEMBER	6

What has seemed to be a constant factor in susceptability in years past has become increasingly apparent and relates to nutrition. In discussing the physical charasteries of poliomyelitis patients in 1916, one of us deseribed the vietims as exceptionally well nourished and mentioned the fact that the disease seemed to prefer blonds. Some thirty years ago a Negro[2] with poliomyelitis was quite a rarity among our hospital patients. More reeently, the Negro race has contributed a much greater number of eases during epidemie periods. Can it be that a higher scale of living with general improvement in nutrition and sanitation is responsible for this change. Schultz[3] reported that thiamine deficiency has been observed to result in some increase in resistance to experimental poliomyelitis in mice. The 51 Negroes in our series represent more than 22 per cent of the total admissions.

In respect to age, it seems interesting to note that only three patients were less than one year. However, 36 per cent of all patients were five years of age or less. But in 1916, among 30 patients in the same hospital, 86.66 per cent were five years o. less, and in 1936, among 139 patients 41.7 per cent were five years or less. There is no doubt that over a period of time there has been a progressive increase in the percentage of those in the higher age groups who have suffered from poliomyletis. Nevertheless, the attack rate beyond 25 years is low, being 8 per cent for our cases. The youngest was eight months and the oldest, 43 years.

In Table 2 rural and urban patients are grouped separately according to sex, age, and the number with and without paralysis. For the rural cases only 30 per cent were five years of age or less, whereas for the urban, 44 per cent were five years or less. These figures may be aecounted for by the fact that a greater proportion of susceptibles in the higher age groups may be expected in less thickly populated districts than in large cities. The situation is similar in respect to measles. Our figures for the combined groups indicating a preference for males are in accord with the usual findings. There were 121 males, (54 per cent) and 104 females (46 per cent) in the entire series. But when the figures for rural and urban patients are examined separately, it is found that 58.5 per cent were males for the former but only 45.8 per cent of city patients were males.

TABLE 2
COMPARISONS OF RURAL AND URBAN PATIENTS

	RURAL	PER CENT	URBAN	PER CENT
Male	82	58.5	39	45.8
Female	58	41.4	46	54.1
Under 1 year	1	0.7	2	2.0
1 to 5	42	30.0	36	42.0
6 to 10	41	29.0	20	23.0
11 to 25	39	27.0	25	29.0
Over 25	17	12.0	2	2.0
Paralytic	97	69.0	60	70.0
Non-paralytic	43	30.0	25	29.0

Multiple Cases in Families. There were 10 instances of more than one patient from the same family. The largest number was three, and two of these were six-year-old twins; the other was four years and non-paralytie. All of

From Cook County Contagious Disease Hospital.

the rest had either paralysis or paresis. The intervals between onset of illness in the siblings ranged from two to seven days. In seven instances the time was five days or less, and only once was it seven days. These figures are not sufficiently conclusive to determine whether there was a common source of infection or whether the disease was transmitted from one sibling to the other.

Pregnancy. Eight pregnant women were admitted. One delivered at eight months, due to toxemia, which probably had no relationship to the poliomyelitic infection. The child appeared to be normal and both baby and mother survived. Seven of the patients were white and one a Negress. The oldest was 39 and the youngest an eighteen-year-old primifara, five and one-half months pregnant, who died. The duration of pregnancy for the others was 4, 5, 6, 7, and 8 months. All but one gave a history of one or more previous pregnancies. It was expected that normal babies would eventually be delivered by the six patients who left the hospital before term. Harmon and Hoyne[5] have reported that fetal infection with poliomyelitis virus does not occur.

Tonsillectomies. One patient with a bulbar type of poliomyelitis had a tonsillectomy two weeks prior to the onset of disease.

Symptoms. It is probable that the incubative period in most cases is from one to two weeks. There is no group of symptoms which can be classed as characteristic at the onset. An elevation of temperature should always be expected. The height of the fever and its duration will depend, as a rule, on the severity of the attack. At the beginning the temperature may rise to 103 to 104 degrees, but rarely higher. The average duration of fever for 187 of our patients was 4.8 days. Until the temperature has returned to normal and remained so for from 24 to 48 hours, it is unwise to assume that the infective process has become quiescent. In other words, as long as there is fever there may be an extension of any existing paralysis. However, in most cases, whatever paralysis the patient is going to have is likely to be present when the physician is first summoned, because it generally strikes like a thunderbolt. Headache is very common; sometimes there is sore throat, nausea, and vomiting, and possibly diarrhea, pointing toward a gastroenteritis as an explanation for the illness. If paralysis develops it will make its appearance in from three and one-half to four days in the vast majority of cases. In our series, among 144 patients with muscle weakness the paralysis or paresis appeared in 83 per cent not later than the fourth day from onset of the illness; in 67 per cent it developed within three days.

In some epidemics stupor during the first few days is a common occurrence. At other times sweating will be a prominent symptom. Also a certain proportion of patients will have urinary retention. It is true that the reflexes may be exaggerated early in the attack, although lost later in a paralyzed extremity. However, most patients are not seen sufficiently early by the physician to permit him to make this observation.

The opinion commonly expressed that patients suffer pain and marked tenderness of muscles when they become paralyzed is grossly exaggerated. There may be no complaint in regard to pain, and often there is little or no evidence of tenderness. Later when pain is produced by manipulation the seat of pain is not in the paralyzed muscles but in the normal muscles which have contracted because the opposing muscles being paralyzed offer no resistance. Thus it is a forced stretching of the nonparalyzed contracted muscles that causes pain.

In the bulbar cases the outstanding symptom and often the first to be complained of is difficulty or inability to swallow. Sometimes only the soft palate is paralyzed and the patient has a nasal voice and may regurgitate fluids through the nostrils. If the pharyngeal paralysis is marked the nasal and oral secretions well-up in the throat, may pass into the larynx and trachea and practically drown the patient unless proper measures are adopted for alleviation.

Respiratory forms of paralysis may occur with involvement of either the diaphragm alone or only the intercostals and other accessory muscles of respiration. Or all muscles taking part in the mechanism of respiration may be affected. Generally there is a moderate leucocytosis but the urinary findings are likely to be normal.

The chief complaints of patients are enumerated in Table 3.

TABLE 3
PRINCIPAL COMPLAINTS OF 225 POLIOMYELITIS PATIENTS

Fever	218
Stiffness of neck	172
Headache	150
Stiffness of back	130
Anorexia	101
Vomiting	95
Nausea	68
Sore throat	54
Listlessness	46
Urinary retention	34

Our 225 patients were classified according to the following forms: (1) nonparalytic 68 (30 per cent); (2) spinal, 117 (52 per cent); (3) bulbar, 25 (11 per cent); (4) respiratory, 15 (6 per cent). Some of the bulbar and all of the respiratory cases had spinal types of paralysis also. Moreover in practically all of the 225 patients there was some evidence of meningeal irritation.

Table 4 shows the frequency with which the different extremities were affected among 97 rural and 60 urban patients who suffered from the spinal type of poliomyelitis.

TABLE 4
PATIENTS WITH PARALYSIS OR PARESIS OF EXTREMITIES

	97 RURAL	PER CENT	60 URBAN	PER CENT
Arm, right	8	8	7	11
Arm, left	5	5	3	5
Arm, both	23	23	15	25
Leg, right	15	15	14	23
Leg, left	7	7	11	18
Leg, both	48	49	22	36

Diagnosis. Regardless of the form of poliomyelitis with which one is confronted, there are two signs which are almost invariably present for at least three days from the onset. The first of these is the "head drop" to which one of us called attention in 1916. With the patient lying supine on a flat table the body is raised slowly by lifting the shoulders and the head will drag on the table or else the head is raised with difficulty but cannot be sustained for long in a plane with the body. Ordinarily, the normal person when raised in this manner will either maintain the head in the plane with the trunk or flex the head on the chest. The second sign consists of determining whether or not there is stiffness of the neck or back. It is sometimes called the ventral flexion sign. With the patient still in the supine position the head is bent forward while the examiner with his right hand on the patient's chest prevents elevation of the shoulders. If the patient is able to sit up he may be asked to draw up his knees and bend forward and touch them with his forehead. If he says he cannot accomplish this simple feat and you ask him why, the customary answer is "it hurts my back." While neither one of these signs establishes a diagnosis, if both are positive, a lumbar puncture is justified. If both signs are absent a final diagnosis of poliomyelitis will seldom be established.

The cerebrospinal fluid usually has a normal appearance and may or may not be under increased pressure. The cell count is nearly always more than 10 per cm. and, as a rule, lymphocytes predominate markedly, although very early, polymorphonuclears can be in the majority. A pleocytosis is of no prognostic value. The cell count may be less than 20 per cubic millimeter in a fatal case and excessively high in a patient without paralysis. The Pandy test is likely to be positive and glucose normal. Smear and culture should be negative.

Treatment. From the standpoint of controlling an epidemic the value of prolonged isolation is extremely doubtful. But hospitalization is important, both for the purpose of providing necessary care and to establish an accurate diagnosis. Originally the isolation period for poliomyelitis patients in Illinois was five weeks; it is now two weeks. However, as long ago as 1915, Sawyer[6] reported the finding of virus in rectal washings sixteen days after onset of the acute attack. This fact and later knowledge raises the question as to the advisability of disinfecting all body discharges before disposal, during the acute stage of the disease.

Methods of management for all our patients were not identical even among those with the same form of disease. Usually no special treatment was prescribed for patients without paralysis who entered the hospital early in the course of their infection. It was generally felt that bed rest was the only requirement. However, among 39 patients admitted within the first 36 hours of their illness, when they had no discernible paralysis, each of 12 were given 300 cc. hu-

TABLE 5
225 POLIOMYELITIS PATIENTS

Age	Males	Females	White	Negro	Non-Paralytic	Spinal	Bulbar	Respiratory	Recover	Died	Fatality Per Cent
Under Age 1	2	1	1	2	0	3	0	0	3	0	0
1 - 5	41	37	54	24	25	51	0	2	77	1	1.2
6 - 10	35	27	48	14	22	29	9	2	60	2	3.2
11 - 25	36	28	55	9	19	27	12	6	61	3	4.6
Over 25	7	11	16	2	2	7	4	5	15	3	15.0
TOTAL	121	104	174	51	68	117	25	15	216	9	4.0

Age of youngest; 8 months Age of oldest, 43 years.

man convalescent poliomyelitis serum and 3 patients each had from 27 to 60 cc. in divided doses of Rosenow's antistreptococcic poliomyelitis serum. Among those receiving convalescent serum 6 developed definite paralysis later and one of these died. Among those given Rosenow's serum, one developed paralysis. Seven of the 24 developed paralysis who were not given serum. Torion and Winters[7] in discussing treatment of poliomyelitis stated that Ausland cited 60 cases in the preparalytic stage given Rosenow's serum by various physicians and all recovered completely.

Practically all patients with the spinal type of the disease — those with paralysis or paresis of an extremity were treated with hot packs. Passive motion and exercises in muscle training carried out by a physiotherapist were instituted early. General measures for physical therapy by a trained technician can usually be started as soon as the patient's temperature is normal and are far more important than the application of hot packs.

The primary object in the case of bulbar patients is to prevent nose and throat secretions from passing into the trachea and ultimately resulting in pneumonia. To prevent the patient from drowning in his own secretions, continuous suction is often required. Tracheotomy has been recommended but thus far we have not considered this operation indicated.

Respiratory cases if severe will need the services of a mechanical respirator. The ultimate chance for complete recovery is generally poor. Patients may have a combination of any of the forms of paralysis mentioned, which will increase the hazards that threaten recovery.

Table 5 represents a resumé of the 225 patients. It is clearly shown that the fatality rate increased with advancing years. There was only one death among 80 patients who were five years of age or less but 6 fatalities in the group of 76 patients who were more than ten years old. The youngest fatality was four years and the oldest forty. Seven of the fatal cases were males and two females. Also 7 were white and 2 were Negroes. Six were of the bulbar type and 3 distinctly respiratory. The fatality rate for the entire series of 225 was only 4 per cent.

Autopsies were performed for all 9 deaths. Three patients, including the five and one-half month pregnant woman, had confluent bronchopneumonia. In two other cases there was atelectasis and bronchopneumonia. One patient had cloudy swelling of heart, liver, and kidneys, dilation right cardiac chambers and a persistent thymus; this was a respirator case. Another had chronic adhesive pleuritis and in one instance the autopsy disclosed epicardial and endocardial hemorrhages. In the ninth fatality there was atelectasis of the left lung and old rheumatic endocarditis of the nitral valve. Other findings in some of the cases were hyperemia of cerebral and spinal cord vessels, edema of brain and hyperplasia of lymphatic tissue of small intestines.

COMMENT

1. A review is presented of 225 poliomyelitis patients from rural and urban centers.

2. Among rural patients only 30 per cent were five years of age or less, whereas the corresponding figure for the urban group was 47.7 per cent. Beyond the age of 25 the percentage

of patients was six times greater among the rural.

3. Aside from age distribution there seemed to be little difference regarding the type of attack in the two groups. However, the number of patients with involvement of both lower extremities was considerably greater for the rural cases, 49 per cent (of the paralytics) and 36 per cent of the urban who had paralysis in any form.

4. The fatality rate for 140 rural patients was 5 per cent and for 85 urban cases, 2.3 per cent. For the entire series of 225 the fatality rate was 4 per cent.

BIBLIOGRAPHY

1. Hoyne, A. L. and Cepelka, F. P.: Poliomyelitis With Some Observations on Thirty Cases. J.A.M.A. 681: 666 (Aug. 26) 1916.
2. Hoyne, A. L.: The Present Status of Epidemic Poliomyelitis. Ill. Med. J., June, 1917.
3. Schultz, E. W.: Virus Diseases, J.A.M.A. 132: 973 (Dec. 21) 1946.
4. Hoyne, A. L.: Poliomyelitis, With a Review of 139 Patients. Ill. Med. J., Sept., 1937.
5. Harmon, P. H. and Hoyne, A. L.: Poliomyelitis and Pregnancy. J.A.M.A. 123: 185 (Sept. 25) 1943.
6. Sawyer, W. A.: An Epidemiological Study of Poliomyelitis. Am. J. Trop. Dis. and Prev. Med. Sept. 1915, pp. 164.
7. Torion, M.D. and Winters, M.: Poliomyelitis in the Preparalytic Stage, With a Discussion of Treatment. J. Pediat. 1: 326 (Sept.) 1932.

CLINICAL VALUES OF THE KAHN QUANTITATIVE TEST

HAROLD MATTHEW SPINKA, M.D.
CHICAGO

Introduction — For years, we have had the complement fixation tests (Wasserman, Kohlmer, etc.) and the flocculation tests (Kahn, Mazzini, etc.) but the values were reported as 1 plus, two plus, three plus, and four plus.

Clinical thinking has been geared to these values, and realizing the shortcomings of these tests, the serologists proceeded to make improvements on them.

Kahn later devised his quantitative test, where readings similar to those of the qualitative test, are run on the dilutions of the serum, and the values given by multiplying the dilution by 4 KU.

Dilution	1	1/2	1/3	1/4	1/5	1/6	1/7	1/8	1/9
Kahn U.	4	8	12	16	20	24	28	32	36

The qualitative test is analagous to saying that all buildings are 1-2-3-4 stories tall, including such buildings as the Empire State Building in New York City and the Merchandise Mart building in Chicago. One is unable to say that a building is 24-36-42 stories tall.

By using the Kahn Quantitative test, one is able to say whether a building is 8 stories or 32 stories.

Syphilis — The Kahn quantitative has given the clinicians a new and clearer concept of the serological picture in the various stages of syphilis.

It is important to realize that a serological test of a patient having a primary lesion or chancre (appears 14-21 days after exposure) of less than 10 days duration will be negative. Not until 31 days after exposure (or a chancre of more than 10 days duration), will the serological test become positive.

The titre rises rapidly until the secondary stage (generalized skin eruption) is reached. At this time, with two exceptions, the serological titre reaches its highest levels, e.g. 256-2012 or higher. The exceptions are neuro-syphilis and pre-natal syphilis.

After the secondary stage passes, the titre gradually falls until 3-4 years later, the titre usually is 8-32 KU (Qualitative test is 4 plus).

The titre is usually high when the patient has central nervous system involvment.

Pre-Natal Syphilis — If a child is born to a non-treated or inadequately treated mother, one must wait until the child is over 6 months of age to make the diagnosis of syphilis, for the child's serological test at birth is inadequate and in-conclusive of a diagnosis of pre-natal acquired syphilis. An exception to this rule can be made by using the Kahn quantitative test when the Kahn titre of the baby is *higher* than the mother's taken at the same time — e.g. child's titre 1028 and the mother 8-16-526. The treatment to the syphilitic baby is thus given before it reaches the age of 6 months. This would not be possible with the Kahn qualitative test, unless the baby had manifest symptoms of pre-natal syphilis — e.g., condyloma lata about the anus and genitalia, and where the spirocheta pallida were demonstrated.

Follow-up of treated syphilis patients — The Kahn quantitative test is of inestimable value in observing the serological response of a patient to treatment.

TABLE 1.
Serological response to treatment by a patient with secondary syphilis

	Qualitative	Quantitative
Beginning of treatment	4 plus	256
1 month after treatment	4 plus	128
2 months after treatment	4 plus	64
3 months after treatment	4 plus	32
4 months after treatment	4 plus	8
5 months after treatment	4 plus	4
6 months after treatment	2 plus	2
7 months after treatment	neg.	0

Under the qualitative system, one would have to take tests once a month, not knowing for 4 to 6 months, if the therapy was successful, as the reports would all be 4 plus. Using the Kahn quantitative serological follow-up, one finds the titre gradually falls, as indicated by the Table 1 until as a rule, 4 to 6 months later, it finally reaches 0 K.U. The patient can be given assurances that the treatment was effective as the titre value will be less and less with each post-treatment visit.

For at least a 2 or 3 year period, the serological tests must be taken on the treated patient to assure the doctor and the patient that there will be no serological or clinical relapse.

Under present day treatment schedules, a relapse (serological) may appear at anytime from 6 to 18 months after treatment. Here the quantitative tests begin to rise 2 to 3 months before the manifest lesions of a muco-cutaneous relapse. (Darkfield positive and infectious to others). If one finds a patient's titre rising more than two dilutions, e.g., 1/3 (3 x 4 KU or 12 KU) to 1/5 (20 KU) or more, this patient is a candidate for retreatment. If he is not re-treated, shortly thereafter, muco-cutaneous lesions that are infectious will appear. By using the Kahn quantitative test, one has a better index for retreatment of a relapsing case of syphilis.

False Positive Serological Tests — As more is learned of the serological tests in syphilis and other diseases, one finds that several diseases will give false positive serological tests. These diseases include vaccina, influenza, influenza vaccine inoculation, malaria, and leprosy. Serologists, such as Mahoney are at present working with cardiolipin antigen in an effort to help eliminate these false positive tests.

It is not my intention to give the impression that one can eliminate all the false positive tests by using the Kahn quantitative. With the quantitative test, however, one has an added weapon to rule out such patients as have false positive tests.

In malaria, when serological tests are taken daily, one finds a variable quantiative serological level — that is, for 5 consecutive days one might find the following — 8, 32, 4, 56, 16. Taking blood for testing from a true syphilitic, the titre usually is constant. If the first titre was 32 KU, then the five tests are usually 32 K.U.

In a suspected false positive patient, if one repeats tests daily or every 2 or 3 days and serological quantitative tests are reported, the false positive patient will have a variable titre whereas the true syphilitic, will have a fairly constant quantitative titre.

Evaluation of Serological reports — One must evaluate his serological reports correctly.

TABLE 2.

Dilution tube	Kahn Titre
1	4
2	8
3	16
4	32
5	64
6	128
7	256

As indicated by Table 2, some of the laboratories have the following dilutions in their tests — 1/2, 1/4, 1/8, 1/16, 1/32, 1/64, so that the difference between one tube, e.g., 4 to 5 is from 32 to 64 KU. If there is a difference in readings by technicians of two different laboratories of only one tube, then, the titre reported by one laboratory will be the fourth tube, or 32 KU, and the other laboratory would report the 5th tube, or 64 KU. For this reason, one must remember that variations of more than one tube's titre is required before the titre is significant in the follow-up or in suspecting a possible serological relapse.

Serological Resistance — In serological resistance, or a failure to return to negative after 6 months of treatment in early syphilis (syphilis of less than 4 years' duration), or 12 months in latent syphilis, the Kahn quantitative test is again of added value. Whatever the reason for its appearance, if a patient's test remains at a stationary level, e.g., 4-8 Kahn units (qualitative 4 plus) and the patient received adequate antisyphilitic therapy (more than 20 arsenicals and

20 bismuths), then further treatment is not indicated. Retreatment is indicated only if the titre begins to rise. Using the Kahn qualitative test, the 8KU would be 4 plus, and the patient would be treated far beyond the period of adequate therapy, especially if the physician attempted to render the test negative. The aim in the treatment of syphilis in these cases is not to reverse the serological titre, but to relieve the symptoms and to prevent clinical progress.

If the patient had adequate treatment, and the titre remained stationary for two years, he may marry, and have children without fear provided his mate does not have the infectious stage of syphilis.

Dec. 18, 1946
6001 So. Halsted St.,
Chicago 21, Illinois

EFFECTS OF INTRAVENOUS FLUIDS POST-OPERATIVELY ON BLEEDING AND COAGULATION TIME

Adolph Kraft, M.D.
William Wolf, M.D.
CHICAGO

The purpose of this study was to determine the effects of intravenous fluids on post-operative surgical cases with special reference to the bleeding, coagulation and clot retraction time.

Fluids that are commercially prepared for intravenous therapy have today reached a high degree of purification, and this also applies to the equipment used in the administration of intravenous fluids. Therefore; with the obstacle of reactions due to foreign bodies and pyrogens largely overcome, the question of what fluid, how much to use, and what will be the effect on the bleeding and coagulation time becomes of primary importance. Certainly there is an obvious need for specific information concerning this subject. Until adequate data is obtained, these questions must remain unanswered or at best only partially answered.

The indications for the use of intravenous medications are multiple. During the past twelve years numerous papers have appeared in the medical literature concerning intravenous therapy. (It is not the intention of the authors to discuss in this paper the indications for intravenous fluids).

To date, however; little has been published regarding the use of intravenous fluids post-operatively with its specific effects on bleeding, coagulation and clot retraction time. Barr[1] was of the opinion that as high as 20,000 c. c. of intravenous fluids could be administered daily, if the indications were present. Landis[2] showed the results of intravenous fluids upon the size of the extra cellular compartment. Falk[3] also studied the effects of the intravenous fluids. Gilligan[4] reported on the effects of intravenous fluids on the cardiovascular system. Robertson[5] worked on the blood volume changes occuring after intravenous infusions. Habien[6] published an article concerning the use of intravenous fluids. Lundy[7] also published literature dealing with this subject. Wood[8] discussed the effects of massive infusions of physiologic fluids.

Gibson[10] published work concerned primarily with fluids for intravenous and subcutaneous uses. Baxter[12] found that normal saline caused an increase in the bleeding and clotting time. He also stated that 5% glucose in normal saline, 5% glucose in distilled water, 10% glucose in distilled water, decreased the bleeding and clotting time.

Ulrik Starup[13] presented a complete discussion on the investigation of the coagulability, and bleeding time during and after surgical procedures. He found that in connection with the administration of an anesthetic, the coagulation time decreased considerably in practically all of his cases. It was found by the authors of this article that in a series of 120 surgical cases, that the degree of decrease in the bleeding and coagulation time was somewhat less than found by Ulrik Starup[13].

Povl Holm Nielsen[14] described the coagulation of human blood under various circumstances. It was his opinion that the necessity of caution in using the clotting time as a critera of pre- thrombotic or thrombotic conditions, should be emphasized.

A total of 120 surgical cases were studied, seventy (70) were cholecystectomies and the re- The patients were selected in sequence. No attempt was made to classify the cases as to dur-

ation or severity of the pathology. 90% of the patients were females. On each patient the bleeding, coagulation, and clot retraction time was taken before surgery and this technique was repeated 30 minutes after the surgery was completed. None of the cases received either pre- or post-operative coagulants.

Procedure Before Surgery: *a.* Bleeding time technique; Duke's method. The average normal bleeding time before surgery was 3 minutes. *b.* Coagulation technigue; Lee and White. The average coagulation time before surgery was 6¼ minutes with a normal rage of 6 to 11 minutes. *c.* Clot retraction time technique; Lee and White. The normal clot retraction time before surgery was — clot retraction beginning at 1 hour and completed in 18 to 24 hours.

Anesthesia: General anesthesia was used in all of the cases reported. The following tables illustrate the changes that occurred during surgery.

TABLE 1
BLEEDING TIME FOLLOWING SURGERY
(30 Minutes)

OPERATION	No change	Prolonged	Decreased	NOTE
70				Average
Cholecystectomies	30	2	38	2½ Minutes
50				Average
Hysterectomies	20	0	30	2½ Minutes

Two (2) cases were prolonged 6¼ and 7 minutes.

TABLE 2
COAGULATION TIME FOLLOWING SURGERY
(30 Minutes)

OPERATION	No change	Prolonged	Decreased	NOTE
70				Average Coag.
Cholecystectomies	26	2	42	time 5½ minutes
50				Average
Hysterectomies	18	1	31	5½ minutes

The average coagulation time following surgery was 5½ minutes. Seven (7) cases decreased to 4 minutes. Three (3) cases prolonged to 7½ minutes.

TABLE 3
CLOT RETRACTION TIME FOLLOWING SURGERY (30 Minutes)

OPERATION	No change	Prolonged	Decreased	NOTE
70				
Cholecystectomies	70	0	0	0
50				
Hysterectomies	50	0	0	0

In Tables 1 and 2, there was a slight decrease in the bleeding and coagulation time. But no change in the clot retraction time.

Bleeding Time: The average bleeding time before surgery was 3 minutes, following surgery the average bleeding time was decreased to 2½ minutes. The cholecystectomies, however, while averaging 2 minutes, did have two cases in which the bleeding time was prolonged.

Coagulation Time: The average coagulation time had been decreased from 6½ minutes average before surgery to 5½ minutes average following surgery.

Clot Retraction Time: As was noted there was no effect upon the clot retraction time.

Procedure Following Surgery: Technique; (a) To the 120 surgical cases the following intravenous fluids were administered. The 120 cases were divided into three (3) groups, (group 1) 2,000 c.c. of 5% glucose in normal saline, (40 patients). (Group II) 2,000 c.c. of 10% glucose in normal saline, (40 patients). Group III) 2,000 c.c. of normal saline (40 patients).

All of the above fluids were administered to the patients 1½ to 2 hours following surgery. (b) Five (5) control cases were used in each of the above groups. (A controlled case was an operative case either a cholcecystectomy or a hysterectomy. These cases had not received either pre- or postoperative coagulants or any intravenous fluids following surgery).

(c) The bleeding, coagulation, and clot retraction time were taken on the three groups and the control cases 4 hours after surgery was completed.

TABLE 4
BLEEDING TIME
2,000 c.c. 5% Glucose in Normal Saline

OPERATION	No change	Prolonged	Decreased	NOTE
20				
Cholecystectomies	5	12	3	0
20				
Hysterectomies	4	15	1	0

The average bleeding time before the administration of the 2,000 c.c. of 5% glucose in Normal Saline was 2½ minutes. A few of the cases running as high as 5 minutes. Following the administration of fluids as illustrated above, the average bleeding time was increased to 3 minutes. Four (4) cases were decreased to 2¼ minutes.

CONTROL: Average bleeding time following surgery was 2½ minutes. Average bleeding time 4 hours following surgery, was 3 minutes. A few cases two (2) remained below 3 minutes.

TABLE 5
COAGULATION TIME
2,000 c.c. 5% Glucose in Normal Saline

OPERATION	No change	Prolonged	Decreased	NOTE
20				
Cholecystectomies	2	15	3	0
20				
Hysterectomies	3	16	1	0

The average coagulation time following surgery was 5½ minutes. Following the administration of the above fluids the average coagulation time was increased to 6½ minutes. Four (4) cases were decreased to 4½ minutes.

CONTROL: Average coagulation time following surgery was 5½ minutes. Average coagulation time 4 hours following surgery was 6 minutes.

TABLE 6
CLOT RETRACTION TIME
2,000 c.c. of 5% Glucose in Normal Saline

OPERATION	No change	Prolonged	Decreased	NOTE
20				
Cholecystectomies	20	0	0	0
20				
Hysterectomies	20	0	0	0

There was no apparent alteration in the clot retraction mechanism.
CONTROL: 18 to 24 hours.

TABLE 7
BLEEDING TIME
2.000 c.c. of 10% Glucose in Normal Saline

OPERATION	No change	Prolonged	Decreased	NOTE
20				
Cholecystectomies	3	15	2	0
20				
Hysterectomies	6	9	5	0

The average bleeding time following surgery was 2½ minutes, and following the administration of the above fluids the bleeding time had been increased to 3 minutes. A few cases dropped as low as 2 minutes.
CONTROL: Average bleeding time following surgery was 2½ minutes. Average bleeding 4 hours following surgery was 3 minutes. Two (2) cases remained slightly below 3 minutes, and one case went to 4½ minutes.

TABLE 8
COAGULATION TIME
2,000 c.c. of 10% Glucose in Normal Saline

OPERATION	No change	Prolonged	Decreased	NOTE
20				
Cholecystectomies	10	6	4	0
20				
Hysterectomies	8	8	4	0

After surgery the average coagulation time was 5½ minutes. Following the administration of the above fluids, the average coagulation time had increased to 6⅛ minutes. However, six (6) cases were decreased to 4½ minutes, and 2 cases decreased to 4 minutes.
CONTROL: Average coagulation time following surgery was 5½ minutes. The average coagulation time 4 hours following surgery was increased to 6½ minutes, with two (2) cases prolonged to 6½ minutes.

TABLE 9
CLOT RETRACTION TIME
2,000 c.c. of 10% Glucose

OPERATION	No change	Prolonged	Decreased	NOTE
20				
Cholecystectomies	20	0	0	0
20				
Hysterectomies	20	0	0	0

There was apparently no change in the clot retraction mechanism.
CONTROL: 18 to 24 hours.

TABLE 10
BLEEDING TIME
2,000 c.c. in Normal Saline

OPERATION	No change	Prolonged	Decreased	NOTE
20				
Cholecystectomies	7	13	0	0
20				
Hysterectomies	5	15	0	0

The average bleeding time following surgery was 2½ minutes. Following the administration of the above fluids the average bleeding time was increased to 4¼ minutes. Five (5) cases were prolonged to 6 minutes.
CONTROL: Average bleeding time following surgery was 2½ minutes. The average bleeding time 4 hours following surgery was 3 minutes.

TABLE 11
COAGULATION TIME
2,000 c.c. in Normal Saline

OPERATION	No change	Prolonged	Decreased	NOTE
20				
Cholecystectomies	3	17	0	0
20				
Hysterectomies	4	16	0	0

After surgery the average coagulation time was 5½ minutes. Following the administration of the above fluids the coagulation time was increased to 8 minutes. Two (2) cases were prolonged as high as 15 minutes.
CONTROL: Average coagulation time following surgery was 6 minutes. The average coagulation time 3½ to 4 hours following surgery was 6¼ minutes.

TABLE 12
CLOT RETRACTION TIME
2,000 c.c. in Normal Saline

OPERATION	No change	Prolonged	Decreased	NOTE
20				
Cholecystectomies	20	0	0	0
20				
Hysterectomies	20	0	0	0

Fluids apparently did not effect the clot retraction time although retraction did not begin in some cases until 2 hours.
CONTROL: 18 to 24 hours.

SUMMARY

1. The bleeding, coagulation and clot retraction time on 120 surgical cases was taken prior to surgery. No pre-operative or post-operative coagulants were administered to these patients.

2. Thirty (30) minutes following surgery this group of 120 surgical cases were checked for their average bleeding, coagulation and clot retraction time.

3. The same 120 surgical cases were used in the determination of the effects of the intravenous fluids on the post-operative bleeding, coagulation and clot retraction time. Seventy (70) of the cases were cholecystectomies and fifty (50) of the cases were hysterectomies. The 120 surgical cases were divided into three (3) groups, each group containing 40 patients. To (group I) 5% glucose and normal saline was administered, and to the third group, normal saline was the intravenous fluid administered.

All three groups received 2,000 c.c. of the specified fluids intravenously, 1 to 1½ hours following surgery. All fluids were administered slowly.

4. Control cases were used in each of the three groups. A control case was a surgical case either a cholecystectomy or a hysterectomy, that had not received either pre-operative or post-operative coagulants, and following surgery did not receive intravenous fluids. Five (5) control cases were used in each group.

5. The bleeding and coagulation and clot retraction time were taken on all cases 4 hours after surgery.

6. The tables explained the grouping of the cases, the fluids administered and the effect of the intravenous fluids on the *average* bleeding, coagulation and clot retraction time.

7. The anesthesia used in all cases was general anesthesia. No attempt was made to control the type of anesthesia although it would have been desirable.

DISCUSSION

1. Following surgery there was a decrease in the bleeding, and coagulation time. The clot retraction time was apparently uneffected. It was postulated that the quantity of anesthesia used, plus the dehydration factor could account for the decreased bleeding and coagulation time following surgery. The degree of decreased blood volume or the amount of hemoconcentration was not determined. It was noted that following surgery the bleeding and coagulation time, although decreased, had a tendency to reestablish the average pre-surgical bleeding and coagulation time within 4 hours.

In the fifteen (15) controlled cases, the bleeding time in six (6) cases returned to the pre-surgical average within a 4 hour period. Of the remaining nine (9) controlled cases, five (5) cases returned to the pre-surgical average within 5 hours. The remaining four (4) cases returned to their pre-surgical average within 7 hours.

A study of the coagulation time in the fifteen (15) controlled cases showed that seven (7) controlled cases returned to the pre-surgical average within 4 hours.

Of the remaining eight (8) cases, six (6) cases returned to the pre-surgical average within 5 hours. The remaining two (2) cases did not return to the pre-surgical average until the 8th. post-operative hour. As was stated previously, the controlled cases had not received pre- or post-operative intravenous fluids.

It was observed, that in those cases that exhibited a decrease in coagulation time following surgery, required a longer period to return to the pre-operative status than did those cases that had their coagulation time decreased to a lesser degree.

It was further observed that those cases that exhibited a decreased coagulation time did not always show a proportionate decrease in their bleeding time.

2. Following surgery (noted in table 6) the use of 5% glucose in normal saline did prolong slightly the bleeding and coagulation time. The prolonged bleeding time occurred in twenty-seven (27) cases out of the entire group forty (40 cases). Thus, in 67.5% a slight prolongation of the bleeding time was observed. However, in 4 cases or 10% of the total cases, a slight decrease in the bleeding time was observed. These four (4) cases following surgery had an average bleeding time just under 3 minutes. In the instance of the prolonged bleeding time these cases following surgery had an average bleeding time just under 2½ minutes.

The coagulation time following the administration of 5% glucose in normal saline, as illustrated by table 5, indicated that thirty-one (31) cases out of forty (40) cases had their coagulation time prolonged thus; 77.5% of the total number of cases had their coagulation time prolonged. 10% or four (4) cases had an average coagulation time of 6 minutes.

In the above group, tables 4 and 5 the administration of 5% glucose in normal saline (2,000 c.c.) acted in the majority of cases to increase or prolong the bleeding and coagulation time. The exceptions proved to have bleeding and coagulation times closely approximating their pre-surgical averages.

3. Following surgery the administration of 10% glucose in normal saline had a tendency to prolong the bleeding and coagulation time. As was noted in table 7 twenty-eight (28) cases or 70% of the cases had a prolonged bleeding time. Seven (7) of the cases or 17% of the cases had a decreased bleeding time, which in these instances dropped as low as 2 minutes. Following the intravenous injection of 10% glucose in normal saline (table 8) fourteen (14) or 35% of the cases had prolonged coagulation time. Eight (8) cases or 20% had a decreased coagulation time. Again it was found that the decreased coagulation time occurred in those cases that had an average coagulation time closely approximating the pre-surgical coagulation time.

4. Following the administration of 2,000 c.c. of normal saline (table 10), twenty-eight (28) cases or 70% had a prolonged bleeding time, no cases had a decreased bleeding time. The effect of

2,000 c.c. of normal saline intravenously in the coagulation time in (table 11) thirty-three (33) cases or 82.5% had a prolonged coagulation time. No cases had a decreased coagulation time. It can be stated that, normal saline 2,000 c.c., administered intravenously does act to increase the bleeding and coagulation time and in some instances it acts to prolong it above the normal limits.

5. The importance of understanding the physiology involved cannot be over emphasized. Baxter[12] has shown that the administration of 2,000 c.c. of 5% and 10% glucose in normal saline decreased the bleeding and coagulation time. His work was done on non-operative patients. The administration of intravenous fluids post-operatively apparently has a biphasic action. The first consists of a dilution of the blood volume. The results of the administration of the intravenous fluid apparently depends upon the condition of the patient at that particular time. If the patient had a diminished blood volume or was dehydrated, the degree of either of the above states would be a determining factor in fortelling whether or not the administration of the intravenous fluids would cause the bleeding and coagulation time to be prolonged. Apparently the initial phase of the dilution of the blood volume acts to restore a normal physiological state. Once the physiological balance is obtained we observed as did Baxter[12] that the use of hypertonic solutions 2,000 c.c. resulted in a decreased bleeding and coagulation time. The speed of the administration of intravenous fluids is very important, for it is possible to obtain congestion in the various internal organs of the body, if the blood volume is increased too rapidly. Thus in exsanguinated and dehabilitated patients, extreme caution should be exercised. The intravenous fluids should be administered slowly, no more than 15 to 20 c.c. a minute, for at this rate, an increase following the administration of 2,000 c.c. of 5% glucose results in an increased blood volume of approximately 650 to 850 c.c. The administration of 2,000 c.c. of 10% glucose will increase the blood volume approximately 800 c.c. and in some instances as high as 1,000 c.c.

2,000 c.c. of normal saline increased the blood volume approximately 500 to 600 c.c. This increase in blood volume occurs when the intravenous fluids are administered at the rate of 10 to 15 c.c. per minute. Baxter[12] found that 1,000 c.c. of normal saline given at the rate of 41 c.c. per minute increased the blood volume 360 c.c. 1,000 c.c. of 5% glucose in normal saline at 34 c.c. per minute increased the blood volume 660 c.c.

The faster the rate of injection the greater the rise in blood volume. The authors found that cases that had a decreased blood volume before the administration of intravenous fluids, exhibited a greater increase in blood volume in a shorter period of time, than did those cases which had not suffered a decrease in blood volume.

In evaluating each individual case in retrospect — it was found that older people need less intravenous fluid to return to the physiological balance (fluid) than do younger individuals. Therefore to avoid internal congestion in these cases — smaller amounts of fluids, given at a slower rate would seem to be indicated. Cases presenting a clinical picture of dehydration or the findings of anemia, should receive intravenous fluids slowly and in amounts not more than 1,000 c.c. at a time. These cases should be given blood preferrably, for if they are given any of the above fluids — the dilution of the blood constituents become alarming and drastic prolongating of bleeding and coagulation time may result.

The indications for intravenous fluids post-operatively should be present in all cases before intravenous fluids are administered.

Following the initial phase (dilution of the blood volume), the fluids act in two catagories. The normal saline continues to dilute the blood volume. The normal saline does not materially alter the extra cellular fluid. The normal saline does not materially change or alter the structure of the blood forming elements. The hypertonic solution following the initial dilution of the blood volume act to change the intra and extra cellular fluid balance. In addition, the 5% and 10% glucose act as hypertonic solution and in so doing effect the blood constituents. At this particular point the administration of 5% glucose or 10% glucose act to decrease the bleeding and coagulation time.

CONCLUSIONS

1. The bleeding and coagulation time following surgery is decreased. The clot retraction time is uneffected.

2. Normal saline, 2,000 c.c. administered intravenously increased the bleeding and coagula-

tion time. It does not effect the clot retraction time.

3. 5% and 10% glucose in normal saline administered intravenously 2,000 c.c. in the majority of cases following surgery where bleeding and coagulation time have been decreased has a biphasic action. They first tend to increase the bleeding and coagulation time. Following the restoration of the normal physiologic state (fluid balance), if the intravenous fluids as mentioned above are continued, they will cause a decrease in the bleeding and coagulation time. These fluids did not effect the clot retraction time.

4. It would seem logical, in view of the findings embodied in this paper, that individuals administering intravenous fluids should use the utmost precaution in evaluating the physiological state of the patient before selecting the type of intravenous fluids and the amount to be given. Certainly, intravenous fluids are a necessary adjunct to our present armamentarium of therapy, but should be used only when the indications are present and after a careful study of each individual case has been made. The judicious use of fluids post-operatively is excellent. Excessive use without proper indications maybe dangerous.

5. Neither thrombophlebitis or thrombosis occurred in this series of cases. It was thought by the authors that a coagulation time taken 4 hours after surgery and repeated again in 8 hours would possibly be an indication as to whether or not the patient had a tendency to develop a thrombophlebitis or thrombosis.

6. The variations that occurred in this work indicate that a vast amount of work must be done on this subject before the true picture can be determined.

REFERENCES

1. Barr: Parental Fluid administration. Modern Med. Therapeutics, 1:202-224, 1940.
2. Landis, A. M.; Cutting, R. A.; and Larson, P. S.: Size of Extra Cellular Fluid Compartment Before and After Massive Infusion. Amer. J. Physiol., 130:—, 1940.
3. Falk: Intravenous Infusion, Amer. J. Surg., 36:31-36, 1936.
4. Gilligan, D. Rourke; Altschule, Mark; and Volk, Marie C.: The Effects on the Cardiovascular System of Fluids Administered Intravenously in Man. J. Clin. Investiga., 11:7-13, 1938.
5. Robertson, J. Douglas: Blood Volume Changes in Health and Hemorrhage and After various infusions. Lancet, 2:634-637 (Sept.) 1938.
6. Habien: The Use of Intravenous Fluids. Southwestern Medical, 22:353-360 (Sept.) 1938.
7. Lundy, John S.; and Osterberg, Arnold: Intravenous Administration of Fluids. Amer. J. Surg., 2:590-597, 1937.
8. Wood: Massive Infusion of Physiologic Fluid. Medical J. Australia, 1:861-864 (June 10), 1939.
9. Keeley: Injection and Infusion. Amer. J. Surg., 50: 485 (Dec.), 1940.
10. Gibson, R. B.; Fluid for Intravenous and Subcutaneous Use. J. Iowa State Medical Soc., 29:19, 1939.
11. Miner, Paul F.: Administration of Parenteral Fluid, Rocky Mountain Med. J., 37:50, 1940.
12. Baxter, Virgil C.: Bleeding and Clotting Time. Southern Medical J., 38:641, 1945.
13. Starup, Ulrik: Farsog Med. Heparin Indigift Under Operationer. Nordisk Med., 16:2881, 1942.
14. Nielsen, Povl Nielsen: Aarhus. Nordis Med., 16:2882, 1942.
15. Vosburg and Richards: Am. Journ. of Phys. 1903: 9:39.
16. Wohlisch: Ergehn. d. Phys. 1929: 28:445.
17. Cannon and Gray, Am. Journ. of Phy. 1914: 34:232.
18. Cannon and Mendenhall: Am. Journ. of Phys. 1914: 34:225.
19. Crawford: Acta Chir. Scand. 1937: 79:407.—Acta Chir Scand. 1939: 82:319.
20. Mc Clintock and Magers: Proc. Soc. Exp. Biol. & Med. 1926: 24:203.
21. Bergquist: Acta Chir. Scand. 1940: 33:415.

TREATMENT OF RHEUMATOID ARTHRITIS

Results With A New Gold Compound of Low Toxicity

PHILLIP A. ROSE, M.D.
CHICAGO

Since the introduction of gold salts into the treatment of rheumatoid arthritis by Forestier[4], evidence has gradually been accumulating that this type of therapy offers both the best hope of bringing about clinical improvement, and the greatest danger of untoward reactions, of any of the types of treatment that have been used in this disease. There has been such high incidence of toxic reactions in most of the reports that there is considerable reluctance to adopt this therapeutic value of gold. Among others, Cecil[1] Dawson, Boots, and Tyson[3] and Price and Leichtentritt[7], have reported a high incidence of favorable results on the one hand, and numerous toxic manifestations on the other.

The gold compounds previously available have been, for the most part, water-soluble compounds which are absorbed rapidly and give relatively high concentrations of gold in the plasma[5]. For the past three years the writer has been using a gold preparation of a different type in the treatment of rheumatoid arthiritis. The clinical results have been generally satisfactory, and the incidence of toxic reactions encountered has been relatively low. The preparation is aurothioglycolanilide, $C_6H_5NHCOCH_2SAu$, as a suspension in sesame oil, available under the trade name of Lauron.* This compound, which contains 54.3

*The author is indebted to Endo Products, Inc., for the supplies used in these cases.

TABLE 1

Age distribution, duration of symptoms, and frequency of involvement of various joints, in case of rheumatoid arthritis.

Age Distribution

Age Group	Under 20	21-30	31-40	41-50	51-60	61-70	over 70
No. Cases	1	13	20	22	26	6	3

Duration of symptoms, years

Less than 1	17
1 to 5	34
5 to 10	26
over 10	14

Frequency of Joint Involvement

Joint	*No. Cases*	*Percent*
Knee	55	60
Interphalangeal and metacarpophalangeal	52	58
Shoulder	41	45
Carpal	25	27
Tarsal and metatarsal	23	25
Ankle	22	24
Spine	11	12
Hip	9	10
Elbow	4	4

percent of gold, is insoluble in water and organic solvents. Preliminary reports on the use of this preparation have been made by Stengel[9] and Robinson[8]. They have reported good clinical response and a rather low incidence of toxic reactions.

To date, 91 cases diagnosed as rheumatoid arthritis have been treated with this preparation. The results of this treatment have been quite good: complete or practically complete symptomatic relief has resulted in 73 percent of the cases, and moderate improvement in an additional 11 percent. The criteria of clinical improvement have been relief of pain and restoration of motility in the joints involved. Residual swelling, such as fusiform deformities of the fingers from involvement of the proximal interphalangeal joints, tends to persist after the disappearance of pain and the restoration of fairly full range of joint motion. The total incidence of toxic manifestations has been low. A number of the cases in which good clinical results were obtained were of many years standing, and two patients who had such severe generalized arthritis that they were bedridden, have improved to the point where they have freedom from pain and a fairly normal range of motion in most of the joints which had been affected.

The diagnosis was based on a history of pain, swelling, and limitation of motion of several joints, with characteristic fusiform swelling of the fingers when these were involved, muscle atrophy about the swollen joints, and an increased erythrocyte sedimentation rate. Most of the cases were in females; only 12 of the entire series of 91 cases were in males. The patients ranged in age from 20 to 78, and the duration of symptoms from a few months to over 20 years. The distribution by age groups, and duration of symptoms, and also the frequency with which the various joints were involved, are indicated in Table 1.

Before instituting treatment, complete blood counts were made, urinalysis done, and sedimentation rate determined. All these observations were repeated at monthly intervals throughout the course of treatment. The Lauron was given by deep intragluteal injection, twice weekly. The dosage schedule followed in the majority of cases consisted of two doses of 10 mg. each, then two of 25 mg. each, followed by amounts increased by increments of 25 mg. per week, to 100 mg. per dose. In the earlier part of three year period, the maximum dose used was 150 mg. twice weekly. Later, when it was noted that the results were about as satisfactory from smaller doses, the maximum was reduced to 100 mg. As will be indicated below, there is reason to believe that the incidence of toxic reactions is lower

when the single dose is limited to a maximum of 100 mg.

The maximum dose was continued twice weekly until either satisfactory clinical improvement was obtained, or a total of approximately 5000 mg. had been injected. In most cases, there was sufficient improvement from this first course to make it unnecessary to give any additional gold. In an appreciable number of instances, the improvement continued during the post-treatment period, so that some patients who had originally been scheduled to take a second course, became symptom-free in the interval. Eleven patients were given a second course after a rest period of two or more months, and in two cases a third course was given. Ultimately, these last two cases obtained practically complete freedom from the symptoms of arthritis. The total dosage given was:

less than 1000 mg.	2 cases
1000 to 2000 mg.	22 cases
2000 to 3000 mg.	11 cases
3000 to 4000 mg.	20 cases
4000 to 5000 mg.	15 cases
over 5000 mg. in one course	10 cases

The largest amount given without a rest period was 5270 mg. Eleven patients required two or even three courses. The largest total amount given to any patient was 15,155 mg.

Of the entire series of 91 cases, complete symptomatic relief, in the form of freedom from joint pain at rest and in motion, and restoration of practically full range of movement, was obtained by 44 patients, or 49 percent. An additional 22 patients, or 24 percent, were greatly improved, being rendered practically free of joint pain and with only slight limitation of motion. Thus 66 cases, or 73 percent, can be regarded as having made a satisfactory clinical recovery from the pain and disability of the arthritis. Moderate degrees of improvement were obtained in 10 cases, fair results in 5, and no improvement was noted in the remaining 10 cases.

The amount of Lauron needed to bring about the degree of improvement ultimately reached is shown in Table 2 below. There were satisfactory results in 77 percent of the patients who received over 3000 mg., compared with 66 percent in those receiving less than this amount. On the other hand, one patient made a complete clinical recovery after only 620 mg., and 5 patients were not benefited by amounts of over 4000 mg.

The improvement reached by the end, or shortly after the end, of the treatment period has been maintained in all but one patient on whom follow-up information is available. The post-treatment period is less than six months in 16 cases; from 6 to 12 months in 19; and over a year in 54 cases. Three patients have moved away since they stopped the treatment and have not been heard from since.

In the first patients treated, it was noted that there was an exacerbation of the joint symptoms shortly after starting the course of therapy. After the fifth or sixth injection the patients complained of increased pain, swelling, and stiffness in the joints, with even greater limitation of motion than had previously been present. In some cases there was an increased redness of the skin over the joints, and also some mild febrile reactions. This exacerbation usually lasted into the eighth or ninth week of treatment. After it had subsided, the patients were usually completely free of pain, the redness of the skin over the affected joints disappeared, and the range of joint motion increased. The patients who showed this type of reaction early in the course of treatment with Lauron, ultimately obtained the most benefit from the drug, whereas in the cases which

TABLE 2

Therapeutic results in relation to Total Lauron Dosage

Total dose, mg.	under 1000	1-2000	2-3000	3-4000	4-5000	over 5000	Total
Complete symptomatic relief	1	9	6	10	7	11	44
Marked improvement		4	3	5	4	6	22
Fairly good results		5	2	2		1	10
Fair results				3		2	5
Poor to no results	1	4			4	1	10
Total	2	22	11	20	15	21	91

did not show such a reaction, the results were less favorable. The appearance of such an acute exacerbation therefore came to be looked upon as the sign of a favorable ultimate prognosis. Lintz[6] has reported similar exacerbations early in the course of treatment with other gold compounds.

Some degree of secondary anemia was present in the majority of cases, but it was generally quite mild. The lowest red cell count noted in any patient in the entire series was 3,300,000. Nine cases showed slight decreases in red cell count during the course of treatment, but in all of them the count had returned to the pre-treatment level or higher, by the end of the course. No case of leucopenia was noted, nor were there any instances of eosinophilia.

The sedimentation rates before the beginning of the treatment ranged from 8 to 115 mm., with an average of 38 mm. For 6 cases the rate was only slightly elevated. The final rates were from 4 to 62 mm., with an average of 18 mm. The final sedimentation rate fell below 10 mm. in only 19 cases. The highest final rate was in a patient who received no apparent benefit from the treatment. The rate at which the sedimentation rate fell was greatest in those with the highest initial rates, but the final rates in this group were not as low as in the cases where the initial rate was not so markedly abnormal. There were 41 patients with initial sedimentation rates higher than 40 mm.; the final rate in this group averaged 22 mm.; with a range from 4 to 49 mm. The final rate in the other 50 cases with less elevated initial rate averaged 15 mm.

There was an increase in the sedimentation rate during the course of treatment in 22 cases. In some of these, but not all, the increased rate was noted at the time of the acute exacerbation referred to above. In this group, the initial rates were from 8 to 68 mm., with an average of 24 mm. The maximum rates recorded during the course of treatment was from 15 to 82 mm. with an average of 36 mm. The final rates were from 8 to 36 mm., with an average of 16 mm. In 4 of these 22 cases, the final sedimentation rate was higher than that before treatment.

Analysis of the therapeutic results obtained in these 22 cases shows no appreciable difference from the entire series. There were 12 patients, or 55 percent, who obtained complete symptomatic relief; 7, or 32 percent, were markedly improved. This gives a total of 87 percent with definite clinical improvement, compared with 84 percent in the entire series. Of the four patients who had final sedimentation rates higher than those before treatment, 2 became symptom-free, a third was moderately improved, and there was no improvement in the fourth case. In the 10 cases showing no improvement as a result of the treatment, the sedimentation rate increased in three, decreased in 3, and showed no change in the remaining 4. The impression gained from these observations is that an increase in the sedimentation rate appearing during the course of treatment with gold is not necessarily a poor prognostic sign. Cohen et al[2] have recently indicated a similar opinion.

The side reactions fall into two classes: immediate reactions following the injection, and late cutaneous manifestations. There were seven instances in which patients complained of nausea following the injection, and in two of these emesis took place. Another patient complained of vertigo following one injection. These were the only reactions noted in the course of over 5000 injections. Practically all of them occurred early in the course of treatment. This type of reaction was not considered significant, and no alternation in the dosage schedule was made as a result of these incidents. There were no further untoward reactions seen in any of these cases.

In contrast to the high incidence of toxic reactions that have been reported from the soluble gold compounds, e.g., 45 percent in Cecil's[1] series, and over 50 percent in the cases of Dawson, Boots and Tyson[3], there were remarkably few cases of cutaneous reactions seen. Five patients developed erythema, one had an eczematoid dermatitis, three patients complained of pruritis, and one had both pruritis and erythema. The total incidence of cutaneous reactions was therefore only 11 percent, and in only one case were there any residues. The pruritis and skin lesions all appeared rather late in the course of the treatment, after there had been considerable improvement in the arthritis. In two of the patients who developed pruritis, there had been such improvement in the arthritis that no further treatment was considered to be necessary; in the third, a rest period was given during which the pruritis subsided. Additional treatment was

then given, without incident, and with continued improvement in the arthritis.

The five cases of erythema subsided shortly after the cessation of treatment. In three, the arthritis had improved markedly; in the other two treatment was resumed after the subsidence of the erythema. One of these tolerated additional Lauron without a recurrence of the erythema, and with improvement of the arthritis becoming more marked. The remaining case is able to take only small regular doses. Treatment is continuing on this basis, with slow improvement.

The case of eczematoid dermatitis showed exudation from the lesions for a period of three months. There is some residual pigmentation in the axillae, the groin, on the arms, and on the back of the neck. This pigmentation is still present one year after the cessation of treatment.

In addition to the above cases, one patient developed a trace of albumin in the urine. This disappeared within a few weeks after the cessation of treatment. After a rest period of three months, a second course treatments was started; the albuminuria has not recurred, and the arthritis is improving slowly. Another patient developed a mild diabetes during the course of treatment. Since there have been no cases of diabetes reported as complication from any of the soluble gold compounds, the appearance of this condition is probably only coincidental.

Closer analysis of the cases indicates that there is some relation between maximum single dose and the development of toxic reactions. During the first part of the period most patients received maximum doses of 150 mg., given twice weekly. Later, the maximum single dose was reduced to 100 mg. Of 53 patients who received the larger dose repeatedly, 8, or 15 percent, showed untoward reactions, principally in the form of erythema or pruritis. Of the 38 patients in whom the maximum dose did not exceed 100 mg., there were only 2 patients, or 5 percent, who showed any signs of toxic reactions. These numbers are not very great, but the difference may be significant. The therapeutic results obtained with the lower dose are not noticably different from those given by the higher doses, and there seems to be a greater margin of safety. It should be pointed out that it was not necessary to suspend treatment early on account of the development of toxic reactions.

Below are given reports of some typical cases in the series, and two of special interest because of the remarkable recoveries from long standing extreme disability.

Case 1, R. D., a white female, age 64, was first seen in July 1943 with a history of severe rheumatoid arthritis of five years duration. The involvement was rather generalized. For the past six months pain had been so severe that narcotics were required to control it. The patient was confined to bed, and was unable to use her arms or hands on account of the extreme pain on motion, nor was she able to turn in bed. Since the onset of symptoms various kinds of treatment had been tried, without any benefit. Blood pressure at the time of first examination was 130/70, pulse rate 70. Red cell count 3, 740,000, white cell count 7450, and differential within normal limits. The sedimentation rate was 70 mm. Blood Wasserman and urinalysis were negative.

Semi-weekly injections of Lauron were given, starting with a dose of 25 mg. This was increased gradually until a dose of 150 mg. was reached. Injections were continued at this level until a total of 3000 mg. had been given. Injections of liver extract were given until red cell count returned to normal.

After the fifth injection, there was a marked exacerbation of symptoms: pain, swelling, and stiffness increased. Improvement began to be noted after a total of 500 mg. had been given. By the time 1000 mg. had been given, the patient was able to sit up in bed, and when 2000 mg. had been injected she was able to get up. A total of 3000 mg. was given. For the last few injections, she was able to come to the office for treatment. Follow-up examination three months after the last injection showed complete symptomatic relief: pain, swelling, and limitation of motion in the joints was absent, and the patient was able to resume her regular activities as a house-wife. Blood count, sedimentation rate and urinalysis were normal at the time of the follow-up examination.

Case 2., H. M., a white male, age 56, was seen in August, 1943. He gave a history of joint symptoms extending over 25 years. Pain, swelling and stiffness of varying degrees were present in practically all joints. Limitation of motion was not sufficient to prevent locomotion, but all movements were relatively difficult. Numerous methods of treatment had been tried previously without any detectable improvement.

Laboratory examination on Sept. 3, 1943, showed a red cell count of 4,150,000, white cell count of 6100; the differential count was 61% neutrophiles, 35% lymphocytes, 3% eosinophiles, and 1% mononuclears. The sedimentation rate was 43 mm.

Injections were started on this date, and given twice weekly, on the dosage schedule indicated above. After 7 doses of 100 mg. each, two doses of 125 mg. were

given, and all subsequent doses were 150 mg. A total of 5050 mg. were given over a period of 6½ months. The sedimentation rate fell rapidly, to 11 mm. in two months. After this it increased slightly, and again declined. The last two determinations, in February and March of 1944, showed a rate of 10 mm. Improvement of the joint symptoms did not begin as rapidly as the sedimentation changes; definite improvement was not noted until after almost three months of treatment. At the end of the treatment period, there was complete relief of pain, but some stiffness and limitation of motion was still present, particularly in the knees. The red cell count at the time of the last injection was 5,000,000, white cell count 7800, the differential: 69% neutrophiles, 27% lymphocytes, and 2% each of eosinophiles and mononuclears. No toxic symptoms were seen at any time during the course of treatment. Since the termination of treatment, the patient has continued at the degree of improvement noted when treatment was stopped.

Case 3. E. N., a white male, age 32, was first seen on September 7, 1943, with a history of rheumatoid arthritis of seven years duration. The involvement was quite general, including a marked rigidity of the cervical spine. The patient had great difficulty in turning his head or bending his neck. When he did turn his head, loud crackling sounds were audible. The patient had been unable to work for several years. Previous treatment included diathermy, intravenous salicylates, and colloidal sulfur at different times. None of these had had any apparent influence on the condition. Laboratory examination showed red and white cell counts within the normal range, negative urine, and a sedimentation rate of 15.

Treatment consisted of a series of 38 injections over the period from September 1943 to February 1944. A total of 3890 mg. of the gold preparation was given. Improvement was first noted after 1100 mg. and two months of treatment. After this a really remarkable rate of improvement set in. By the end of the treatment period the patient was completely free of pain, and the stiffness and limitation of motion of the affected joints had been very much reduced. The patient was able to resume full-time work.

Case 4. A. M., a white female, age 54, was seen in early 1944. She had rheumatoid arthritis of 15 years duration, involving a great many of the joints. For the last eight years she had been bed-fast, unable to make any movements without extreme pain. She had to be fed by a member of the family. The thighs were drawn up over the abdomen, and the knees were in extreme flexion. The patient was markedly emaciated, with an estimated weight of 75 pounds. The pulse rate was 120, and there was edema of the legs. Practically all joints were considerably swollen and stiff, and quite painful. Codeine and salicylates failed to give relief from the pain. Previous treatment had included colloidal sulfur, vaccines, and large doses of vitamin D.

Because of the extremely poor condition of the patient, there was considerable hesitation in using gold. Only one dose per week was given instead of the usual two. The dose was kept at 10 mg. for four doses, then increased gradually to larger amounts. The patient reacted quite favorably, and increasing doses were given as improvement began. The single weekly dose was increased to 150 and then 200 mg. A total of 4800 mg. were given over a period of exactly a year. For the last three months, the dose was dropped to 100 mg. weekly. The sedimentation rate was 67 at the time the treatment was begun, and dropped progressively to 21 mm.

Clinical improvement began to be noted in about two months. At this time pain became much diminished in severity, motion in the joints began to return, and in a few months the patient was able to feed and dress herself. By six months of treatment she was able to sit up, and after eight months fairly full range of motion returned. During the period of extreme flexion of the knees a subluxation had developed. She wears walking calipers, and is able to get around quite well with these. At the present time she is able to help with the housework, and lead a normal active life. There is still a hyperextension deformity of the thumbs, fusiform swelling of some of the proximal interphalangeal joints, and limitation of motion of the right shouder; the right arm can be raised only to the horizontal.

COMMENT

The experience indicates that this is an effective drug for the treatment of rheumatoid arthritis, and has such a margin of safety as to make it generally useful. The percentage of satisfactory therapeutic results is as high as that which has been reported for the soluble gold compounds, and the incidence of toxic reactions is so low, and they are so mild, that there should be little hesitation in using this gold preparation on the average case. Age of patient, and duration and severity of symptoms do not seem to be very important factors so far as ultimate therapeutic results are concerned.

The acute exacerbation of symptoms which appears early in the course of treatment with Lauron may be some type of immunological reaction. If, as generally accepted, rheumatoid arthritis is of infectious origin, the flare-up may be due to the liberation of toxic products from the killed organisms. Analogous responses are known in various infectious diseases. However, in the absence of definite knowledge of a specific etiologic agent, any such analogies are admittedly purely speculative. The appearance of the exacerbation, however, is definitely of importance. In the experience gained in the cases

described, it has been a definitely favorable sign that the ultimate result would be satisfactory.

Practically all the toxic signs which appeared during the course of treatment with this gold compound subsided quite promptly without sequelae when the treatment was stopped. In only one case were there any residual signs, and these were of only cosmetic importance. The toxic signs that did appear generally came fairly late in the course of treatment, after a considerable improvement in the arthritic condition had taken place. There has consequently been little unfavorable psychological reaction on the part of the patient when these toxic signs did appear.

In most cases, a single course of treatment was all that was necessary for the patients who did show ultimate benefit. However, there were a number of cases in which an additional course was necessary to obtain maximum benefit. In general, the failure to obtain some indication of improvement by the time half of the course has been given, is not an encouraging sign.

SUMMARY AND CONCLUSIONS

1. Aurothioglycolanilide, an insoluble gold compound, has been used in the treatment of 91 cases diagnosed as having rheumatoid arthritis.
2. Complete symptomatic relief was obtained in 44 cases, and marked improvement in 22 others, making a total of 73 percent of satisfactory clinical results. No improvement was seen in 11 percent of patients treated.
3. Age, duration, and severity of symptoms apparently were without significant influence on the therapeutic results obtained.
4. The total quantity necessary to bring about a satisfactory clinical result varied over quite a wide range, from less than 1000 mg. to over 10,000 mg. in a few cases. Most cases required about 5000 mg. total dosage.
5. Toxic manifestation were few in number and not serious. Only one case showed residues, in the form of pigmentation of the skin.
6. No evidence of effects on the bone marrow was seen.
7. In the majority of cases which ultimately showed improvement, there was an acute exacerbation of symptoms following the beginning of treatment. This subsided in about two months, after which most patients were free of pain referred to the joints.
8. The preparation seems to have a sufficiently wide margin of safety to make it generally useful for the treatment of rheumatoid arthritis.

REFERENCES

1. Cecil, R. L., Ann. Int. Med., **16**: 811, 1942.
2. Cohen, A., J. Goldman, and A. W. Dubbs. New England J. Med., **233**: 199, 1945.
3. Dawson, M. H., R. H. Botts and T. L. Tyson. Trans. Assoc. Am. Phys., **56**: 330, 1941.
4. Forestier, J. Bull. et mem. sos. d'hop. de Paris, **44**: 323, 1929; J. Lab. Clin. Med., **20**: 827, 1935.
5. Freyberg, R. H., W. D. Block, and G. S. Wells. Clinics, **1**: 537, 1942.
6. Lintz, R. M., J. Lab. Clin. Med., **26**: 1629, 1941.
7. Price, A. E., and B. Leichtentritt. Ann. Int. Med., **19**: 70, 1941.
8. Robinson, D. Canad. M. A. Jour., **53**: 279, 1945.
9. Stengel, E. Bull. Hosp. Joint. Dis., **5**: 114, 1944.

FIND COMBINATION OF DRUGS EFFECTIVE FOR ULCERATIVE COLITIS

Patients with chronic ulcerative colitis, an infectious disease of the large intestine, were effectively treated with penicillin taken by mouth and an intestinal sulfonamide, phthalylsulfathiazole, according to Michael H. Streicher, M.D., of Chicago.

Writing in the May 24 issue of *The Journal of the American Medical Association*, Dr. Streicher, who is assistant professor of medicine, University of Illinois College of Medicine, treated 45 patients with this disease.

The author points out that the combination of drugs was very effective because such infectious agents as the staphylococcus, which is responsible for boils, and the streptococcus, which causes "strep" throat, are present in the intestines in ulcerative colitis.

Some factors which predispose to invasion by the organism causing this disease have come to be recognized. The most common of these are infections of the upper part of the respiratory tract, including tonsilitis, cranial sinusitis, bronchitis and pneumonia.

Case Reports

SUBACUTE BACTERIAL ENDOCARDITIS DUE TO B TULARENSE, TREATED BY STREPTOMYCIN

A. W. Wise, M.D.
ROCK ISLAND
W. A. Miller, M.D.
ALEDO

M. L., a white male, age 31, was admitted to Moline Public Hospital July 2, 1946. He had been acutely ill for two to three weeks and had been tried on numerous remedies at home. He had had a spiking type of temperature between 101 and 103 daily. He had been tired and run down and had a cough. There was no hemoptysis no vomiting or diarrhea. The patient had been well up until the time of this illness although he gives a history of a heart lesion since early childhood, probably since birth. There was no exposure to any infectious disease and there had been no operations.

Physical examination reveals a while male who is acutely ill. He is restless and pale. The eyes, ears, nose and throat were normal. No injections or hemorrhages in the mucosa were seen. The neck showed no adenopathy, goiter or stiffness. Numerous sibilant and sonorous rales were heard throughout both lung fields. Blood pressure 138/90; the heart rhythm regular and the rate 120. There was a thrill over the second left interspace along the left margin of the sterum and loud systolic murmur over this area transmitted toward the apex. The spleen was palpable approximately 2 cm. below the costal margin. The deep reflexes and cranial nerves appeared normal. There was no edema and no clubbing of the fingers. Numerous petechiae were seen about the left external malleolus.

The red blood count was 3,680,000. White blood count was 23,200. Hemoglobin was 6.5 grams. Differential count showed 18% stab; 66% segs; 15% lymphocytes; 1% degenerated. Agglutination tests for undulant fever, typhiod and paratyphoid and proteus X-19, were negative. The urine showed 1+ albumin; an occasional white blood cell and many red cells per high power field. An occasional finely granular cast was seen. Two separate blood cultures were negative.

In spite of the negative blood cultures, and due to the heart lesion, and definite and specific evidence of embolic phenomena and the febrile course over a period of three to four weeks, a diagnosis of subacute bacterial endocarditis was made. It was felt that this was probably superimposed upon a congenital heart lesion. This was considered to be most probably a combined pulmonary stenosis and patent intraventricular septum. The X-ray configuration of the heart substantiated this anatomical diagnosis. The patient was given three blood transfusions of 500 cc. each and was digitalized. Penicillin was started in doses of 800,000 units daily and continued for twelve days with no reduction in the amount of fever. At this time a definite maculopacular rash broke out over both lower extremities. It was felt that this rash was possibly a penicillin reaction due to the Sodium Salt of penicillin. The drug was changed to the Calcium Salt but this gave a more marked skin reaction than was noted with the Sodium Salt.

At this time a history of tick-bite before entry to the hospital was elicited. Agglutination test for tularemia was positive for B Tularense in dilutions as low as 1 to 3200. It was now felt that this man had a very definite case of tularemia as the basis of his subacute bacterial endocarditis. He was started on streptomycin and

was given 800,000 units daily at four hour intervals by the intramuscular route. After a course of 6,000,000 units his temperature dropped to normal and the patient stated that subjectively he felt much improved. He continued to improve and remained temperature free and was finally dismissed from the hospital on August 6, 1946, with an apparent arrest of his subacute bacterial endocarditis. No change was noted in heart lesions and heart murmur.

To summarize, one must consider this to be a case of subacute bacterial endocarditis due to B tularense which was not amenable to penicillin but responded to intramuscular doses of streptomycin. The patient apparently has an arrest and has remained well until this time.

502 Safety Bldg.
Rock Island, Ill.

PRIMARY TORSION OF AN APPENDIX EPIPLOICA WITH COMMENTS

Arnold Schimberg, M.D.
Robert K. Allen, M.D.
CHICAGO

B. W., a thirty-seven year old white male was admitted to Wesley Memorial Hospital on November 6, 1946, with the following complaints: Cramping pain throughout the lower abdomen of five days duration, becoming more severe, and more marked to the right of the umbilicus and just below it. Nausea and vomiting were absent. There was no relationship to food intake, and no alteration in bowel habit. The past history was negative, and there was no other complaint. Temperature was 98 degrees F, pulse rate 86 on admission. The white blood count was 9,950. There were no diagnostic urinary findings. There was marked tenderness below and to the right of the umbilicus, and mild right rectus muscle spasm. The impression was that of a subsiding appendicitis. Under spinal anesthesia, a right-sided muscle-splitting incision was employed, and upon opening the peritoneal cavity a considerable amount of sero-sanguinous fluid escaped. Palpation revealed a mass, medial to the incision, which proved to be a cherry-sized, reddish-black appendix epiploica attached to a redundant loop of left (pelvic) colon that presented to the right of the mid-line. Ligation and excision was performed, and a neighboring normal epiploa tacked over the area by means of a fine silk sero-muscular stitch. Further exploration revealed a free-lying vermiform appendix, which was removed. Inspection of the ileum revealed neither inflammatory process nor a Meckel's diverticulum.

The post-operative course was uneventful. The patient left the hospital on the eighth post-operative day. The appendix showed no pathological process. The final diagnosis was torsion of an appendix epiploica, with organizing acute inflammation and recent hemorrhage in fibro-adipose tissue.

V. C. Hunt reported sixteen cases of torsion of epiploic appendages in 1919. F. A. Fiske abstracted all cases reported from 1919 to 1936, and added two to the series. This made a total of forty-four reported cases. Pines and co-authors, in 1941, reported seven additional cases and thus, with at least nine other separately reported case histories, the present total is at least sixty.

We have attempted in the following to summarize the salient facts from the literature.

1. Anatomical
 (a) Appendices epiploicae are present along the cecum, the entire colon, and the upper rectum. The total number present probably averages one hundred.
 (b) The most common arrangement by far is their presence in two rows, one medial to the anterior taenia, one lateral to the posterolateral taenia.
 (c) Every appendix epiploica is a vascular appendage, including arterial and venous structures which are continuous with the vessels of the bowel wall.
2. Physiological
 No proof of the true function has been established. In general it is proposed that:
 (a) The appendices epiploicae act as protective "bumpers" as the bowel undergoes movement.
 (b) They are protective fat pockets for the redundant intestinal vessels when the bowel wall is collapsed.
3. Pathological
 All changes are due to mechanical interference with the blood supply. Torsion, either within the abdomen or within a hernial sac is the common mechanism.

From the Department of Surgery of Wesley Memorial Hospital and Northwestern University Medical School, Chicago.

Symptoms, Diagnosis.—There is no distinguishing feature of the diseased process. Lower abdominal pain, occurring on either side, cramping or colicky in nature, is an almost constant presenting complaint. Mild rigidity, a normal or moderately elevated white blood count and slight febrile reaction are present in most of the cases. The rule also was a limited but definite area of tenderness to either side of the mid-line of the abdomen. These modest findings were paradoxical as related to the degree of subjective complaint, namely, severe cramping and colicky pain. Another noteworthy feature was the striking length of time allowed to elapse from the onset of pain to the patient's appearance for aid. This varied from several days to three weeks, but on the average five days were allowed to pass before advice was sought. Nausea and vomiting were suprisingly infrequent. Of all cases reported in the literature, only one was properly diagnosed prior to operation (W. W. Babcock).

SUMMARY

1. A case is reported of torsion of an appendix epiploica of the left colon.
2. A study of reported cases would indicate:
 (a) The necessity for keeping in mind epiploic appendiceal inflammation in "atypical" acute painful abdominal conditions.
 (b) Operative failure to confirm a diagnosis of appendicitis, twisted ovarian cyst, or Meckels diverticulitis should lead, in addition to the usual search for an explanation of the pre-operative findings, to thorough scrutiny of the epiploic appendages for demonstrable gross pathological changes. This is is especially true when, upon opening the peritoneal cavity, sero-sanguinous fluid escapes.
 (c) The importance of torsion of the epiploic appendages as a clinical entity can be more readily appreciated by recalling that, in addition to the sixty recorded cases with recovery, three fatalities have been reported in the literature.

BIBLIOGRAPHY

1. Intra-abdominal Torsion of the Appendices Epiploicae. Report of Two Cases and Review of Literature. Fiske, F. A. Am. J. Med Sc., Vol. 192, No. 3, Sept., 1936.
2. Torsion of Omentum and Apprendices Epiploicae. Davis, B. F. Minn Med., **22**: 151-153. March, 1939.
3. Appendices Epiploicae. Moore, George A. New Eng. J. Med., **222**: 91921. May, 1940.
4. Primary Torsion and Infarction of Appendices Epiploicae. Pines, Bernard; Rabinovitch, J., and Billes, S.B. Arch. Surg. **42**: 775-87. April, 1941.
5. Epiploic Appendicitis: A Cause of Left-sided Abdominal Pain. Byberg, R. A. and Lam, C. R. Ann. Surg. **122**: 126-7. July, 1945.
6. Chronic Intestinal Obstruction Due to Intussusception of an Appendix Epiploica. Harte, M. S. Surgery **13**: 555, 1943.
7. Torsion of Epiploic Appendages. Porter, S. D. J. Iowa Med. Soc., **33**: 223. 1943.
8. Surgical Significance of Epiploic Appendages. Giffin, M. M., McManany, E. P., and Waugh, J. M. Arch. Surg. **45**: 351, 1942.
9. Torsion of Appendices Epiploicae, Review of Literature and Report of One Case. Upham, Roy, and McGrattan, Victor. N.Y. Med. Coll. and Flower Hospital Bull. **3**: 240, Dec., 1940.

COLUMBIA HAS RURAL HOSPITAL AFFILIATE

Columbia University has moved to provide training in rural medicine for students of its College of Physicians and Surgeons with announcement of an affiliation, effective immediately, between Columbia and the Mary Imogene Bassett Hospital in Cooperstown, N. Y.

As revealed by Dr. Willard C. Rappleye, dean of Columbia's faculty of Medicine, and Dr. George M. Mackenzie, director and physician-in-chief of the hospital, the affiliation proposes "to strengthen further the professional activities of the Mary Imogene Bassett Hospital through a stimulation and development of the professional staff in relation to undergraduate medical instruction and the training of interns and hospital residents." Facilities will be made available at the hospital for undergraduate medical education of students of the University.

Dean Rappleye said that the affiliation will afford a special opportunity for Columbia to "contribute to the problem of training physicians for medical practice in small and rural communities and for better distribution of physicians." One of the outstanding needs of the country, according to the dean, is more well trained physicians in rural areas. The proper distribution of physicians, he said, is far more important than an increase in the number of medical graduates in the problem of adequate medical care for the entire population.

Clinical Pathological Conference

PRESENTATION OF CASES
By
Howard Wakefield, Chairman
And
Edwin F. Hirsch, Pathologist
st. luke's hospital
chicago

CASE 1—CHRONIC DILATATION WITH CARDIOSPASM OF THE ESOPHAGUS

A white male aged 68 years entered St. Luke's Hospital in the care of Doctor Paul Holinger on March 16, 1947 and died on April 17, 1947. He had been well until about five years before coming to the hospital when he noticed dysphagia. This increased in severity and at the time of admission he had difficulty in swallowing liquids. For several months he had had a constant dull epigastric pain, nausea, anorexia and a weight loss of 24 pounds. Although nausea was almost constant, he had no vomiting, and eructation occurred only at intervals. He was constipated but had no tarry or bloody stools. The patient was poorly nourished. His temperature, pulse, respirations, and blood pressure were within the normal range. The heart, lungs and abdomen had nothing significant. The small prostrate was fixed and had in the midline small hard nodules. The examinations of the blood revealed no changes: the urine had 75 mgms percent albumin, a few granular casts and leucocytes. The phosphorus of the blood was 3.3 mgms percent, the acid phosphatase 13.1 and the alkaline phosphatase was 24.3 Bodansky units. The plasma proteins were 4.96 grams percent. Roentgen films were reported as demonstrating metastatic carcinoma of the lumbosacral spine, probably primary in the prostrate. The patient received supportive care and parenteral fluids, vitamins, glucose and amino acids. Three oesophagoscope examinations disclosed a markedly dilated oesophagus filled with large quantities of fluid. The lining was reddened and had many superficial ulcers. There was a marked constriction at the cardiac end. A gastrostomy on March 31, 1947 provided adequate intake of food and liquids, but he became mentally confused; respirations, pulse and temperature rose and he died on April 17, 1947.

The essentials of the anatomic diagnosis of the complete necropsy were: fibrous tissue and muscular hypertrophy constriction of the cardiac end of the oesophagus; marked dilatation of the lumen and muscular hypertrophy of the wall of the oesophagus; recent healed surgical gastrostomy of the abdomen; marked emaciation; carcinoma of the prostate with invasion of the urinary bladder; hypostatic bronchopneumonia of the lungs; etc.

The oesophagus (Fig. 1) was hugely dilated and at the level of the clavicles the inside circumference was 9 cms., in the midportion it was 18 cms. The opening into the stomach through the diaphragm was 2cms. in diameter. The lining of the oesophagus had a moderate epitheliosis. The stomach contained a quantity of thin bile stained fluid, the lining was in grey longitudinal folds. The cardiac orifice was small and could scarcely be stretched to a diameter of 2 cms. The pylorus of the stomach also was small, about 2 cms. in diameter. The gastrostomy opening was in the anterior wall about 7 cms. from the pyloric sphincter. Microscopic examination of the tissues at the cardiac end of



Figure 1, Case 1. Photograph illustrating the stenosis of the cardia and hugely dilated lumen of the eosophagus.

the oesophagus had a regular surface squamous epithelium and a lamina propria thickened by hyalinized fibrous tissues and hypertrophied muscularis mucosa. The fibrous submucosa had hyaline changes, the muscularis had markedly hypertrophied smooth muscle tissues and an increased hyaline fibrous stroma. The carcinoma tissues of the prostate had invaded the urethra and neck of the urinary bladder.

COMMENT

Ectasias of the oesophagus proximal to stenosis of definite etiology such as scars, carcinoma or mediastinal inflammation are readily understood and constitute a definite group. Another group, however, includes the so-called idiopathic dilatation. Unfortunately this is not a satisfactory terminology. The process of dilatation with these is not so clear. Most of them occur in males and many seem to develop on the basis of an alleged cardiospasm of the oesophagus with functional neurosis of the vagus. The implication of disturbed vagus function has developed from the association of the dilatation with definite disorders of vagal control, with lead poisoning, after infections diseases, and even after trauma. Some also are associated, as in this case, with stenosis of the pylorus. Others are on the basis of paralytic ectasia of the oesophagus, as following diphtheria or scar tissue invasion of the vagus nerve. The dilatation of the esophagus may be marked and frequently the changes in the lining and wall are like those described here.

CASE 2—SMALL CANCEROUS NAEVUS OF THE SKIN WITH EXTENSIVE METASTASES

A married white female aged 41 years, died at her home on May 2, 1947. She entered St. Luke's Hospital on November 11, 1945 in the care of Dr. T. J. Coogan at which time Doctor H. E. Jones removed widely a black pigmented mole 1 by 0.7 cm on the posterior surface of her right shoulder. Papillomas of her forehead and right cheek were fulgurated with a high frequency current. The black tissues of the pigmented mole extended to a depth of 2 mms. The naevus was examined histologically (Figure 2) and was reported as cancerous. She returned on January 24, 1947 for examination because of many small widely scattered nodules in the subcutaneous tissues. She had had a cough for more than a month. The physical examination disclosed the multiple subcutaneous nodules but no other unusual conditions. The neutral, straw colored urine did not react to the chemical tests for melanin. The blood contained 4,040,000 erythrocytes and 6,900 leucocytes per c. mm. and 12.2 grams percent hemoglobin. The sedimentation rate, the prothrombin time and many

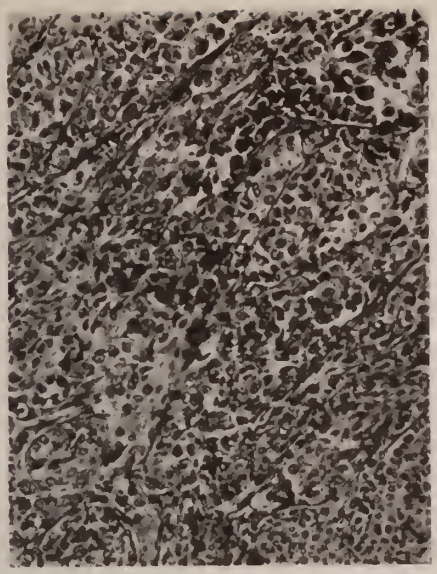


Figure 2, Case 2. Photomicrograph illustrating the structure of the small cancerous naevus excised from the skin.

of the chemical constituants of the blood were within the normal range. A nodule excised from the subcutaneous tissues of the chest contained metastatic cancerous naevus tissues. Small shadows near the hilum of the lungs in Roentgen films suggested metastases in the lungs She received three intravenous injections of 5.8 mgms radio-active arsenic (As^{76}) as potassium arsenite with a half-life of 26 hours and with strong beta and gamma radiation. The radioactivity on each succeeding day was 1.0, 0.5 and 0.25 millicuries for a total of 17.4 mgms arsenic and 1.75 millicuries. Analyses of the blood and biopsy tissues of a left axillary node taken twelve hours after arsenic therapy was started had a blood level of 2×10^{-5} micrograms arsenic per cmm compared with a level of 1.1×10^{-4} in the node and 1.0×10^{-4} in the muscle. Accordingly, the metastatic nodule and the muscle tissues had taken up the arsenic and after twelve hours probably most of the metal was contained in these tissues. Stool and urine examinations four days after completion of the arsenic injections indicated an excretion at that time of 30 to 40 percent of the injected dose (urine 90 percent, feces 10 percent). No appreciable changes were observed in the morphology of the blood. Another series of three intravenous injections of radioactive arsenic on alternate days contained 8.0, 7.5 and 8.0 mgms of arsenic with a radioactivity of 0.6, 1.44 and 2.0 millicuries making a total of 23.5 mgms of arsenic and approximately 4 millicuries radioactivity. Roentgen films of the chest demonstrated additional evidence of nodular infiltrations of the lungs. The patient also received 40 Roentgen ray treatments over the chest. She was discharged after 30 days in the hospital. On April 18, 1947 she entered the hospital in a stupor. The subcutaneous nodules were present. Abnormal reflexes, right hemiplegia and aphasia were considered to be due to cerebral metastases. After six days in the hospital she was taken home and died nine days later.

The essentials of the anatomic diagnosis of the necropsy (trunk) are: surgical scar (excised cancerous naevus) of the skin of the back; melanoblastic metastases of the skin, subcutaneous tissues, lungs, kidneys, suprarenal glands, ovaries, myocardium, epicardium, diaphragm, pancreas, axillary lymph nodes and parabronchial lymph nodes; bronchial pneumonia, hyperemia, and edema of the lungs; healed surgical biopsy scars (3) of the chest; etc.

The body was examined after embalming. The essentials of the necropsy were the demonstration of widespread metastases of a cancerous naevus, as mentioned in the anatomic diagnosis, in many viscera and tissues of the body. Many of these were only a few millimeters in diameter, those in the lungs ranged to 1.5 cms. diameter. None in the other tissues examined exceeded 2 cms. Histological preparations disclosed no modifications in cellular structure which could be ascribed to the therapy given.

COMMENT

This report emphasizes again the danger to life of a cancerous naevus of the skin. Although the skin lesion removed was small and the cancerous growth seemed superficial, metastasis had occurred at the time the skin tissues were removed. Radioactive arsenic therapy, as administered, failed to stem the growth of the cancerous tissues.

CASE 3—UNEXPECTED DEATH WITH BRONCHIAL ASTHMA

A white woman aged 34 years entered St. Luke's Hospital for the seventh time in the care of Dr. Howard Wakefield on May 5, 1947 and died on May 8, 1947. The first two admissions, September 1938 and April 1941 were for the delivery of full term infants following uncom-

plicated pregnancies. In October of 1945 she began to have mild attacks of dyspnoea, which occurred suddenly and with nightly recurrences until she came to St. Luke's Hospital on January 22, 1946. She was found to be allergic to eggwhite, cotton and cattle hair. During the ten days in the hospital she was treated for bronchial asthma. Two months later she returned because of severe asthma and "pneumonitis," staying nine days. Bacteriological studies of the sputum revealed heavy growths of N. catarrhalis and a few streptococcus viridans. She was in fair health for about nine months but in December, 1946 had an attack of jaundice for one week with nausea, vomiting, anorexia and epigastric pain. She entered finally on May 5, 1947, orthopnaeic and dyspneic, cyanotic and with many rales in the lungs. She failed to respond to the usual measures for the relief of the bronchial asthma and lapsed into coma. The plasma CO_2 was 80 volumes percent a few hours before her death on the third hospital day.

The essentials of the anatomic diagnosis of the necropsy (trunk) were: inspissated mucinous obstruction of the bronchioles and acute emphysema of the lungs (bronchial asthma); atelectasis, hyperemia and bronchopneumonia of the lower lobe of the left lung; focal atelectasis of the lower lube of the right lung; focal fibrous pleuritis of the apex of the right lung; etc.

The markedly emphysematous right lung weighed 310 grams, and the left 640 grams. The pleura of the right lung was smooth except a fibrous tissue roughening and several small scars at the apex. The parenchymal tissues were hyperemic and crepitant in the upper and middle lobes but portions of the lower lobe along the lateral diaphragmatic surface were dark red and non-crepitant. The lining of the divisions of the main bronchus was hyperemic and the dilated lumens were filled with a thick tenacious mucinous secretion. This condition was present even into the peripheral distribution of the bronchioles. The pleura of the left lung had scattered small deposits of fibrin. The lower lobe was dark red, subcrepitant or non-crepitant and scattered focally were regions of bronchopneumonia. The upper lobe was slightly hyperemic and crepitant. The lumen of the divisions of the bronchus out to the periphery of this lung were filled with thick mucinous secretion. Histological preparations of the lungs disclosed chronic changes in the walls of the bronchioles commonly present in bronchial asthma, namely: exudates of lymphocytes, plasma cells, polynuclear leucocytes, mainly eosinophilic; hypertrophy of the smooth muscle cells and mucous glands; focal atelectasis and fibrous tissue replacement of the lung parenchyma; mucinous obstruction of the lumens of the bronchioles; and acute catarrhal bronchopneumonia.

COMMENT.

This report of death in an attack of bronchial asthma illustrates the serious problem which confronts the clinician in treating this acute condition. The lumens of the divisions of the bronchi out to the periphery of the lung were filled with tenacious mucinous secretion which prevented aeration of the lung and the blood in the pulmonary circulation. Unless this is relieved the patient dies of asphyxia. Great care is necessary in medication directed toward the relief of the bronchiole obstruction. Morphine, especially, is dangerous. The report also emphasizes that patients may die in an acute asthmatic attack.



Approximately 120 radio stations of the Mutual Broadcasting System have carried the program entitled "Stephen Graham, Family Doctor," which has been produced under the supervision of the Bureau of Health Education of the American Medical Assoication.

The Bureau of Medical Economics Research of the American Medical Association reports that the American people spend two and one-half times as much for tobacco as they spend for physicians' services.

News of the State

PERSONALS · COMING EVENTS · MARRIAGES · DEATHS

CHAMPAIGN COUNTY

County Has 107 Members.—Active membership in the Champaign County Medical Society was increased to 107 with recent admittance of some new doctors who have begun practice in the community. Latest to be admitted were Dr. Calvin Williamson, Urbana; Drs. Jerome Hurter and Norris L. Brookens, new members of the Carle Hospital clinic staff, and Dr. Donald Ross, who recently joined the Christie clinic staff.

COOK COUNTY

Personal.—Dr. Meyer A. Perlstein held a clinic for cerebral palsied children at the Bellevue Hospital, New York on July 8, at the request of the Cerebral Palsy Commission of the New York State Legislature. Dr. Perlstein was in Marquette, Mich., recently and spoke on "Medical Aspects of the Cerebral Palsy Program" and showed a motion picture on the "Rehabilitation of the Cerebral Palsied Child" before the Upper Penninsula Division of the Michigan Society for Crippled Children.—Dr. Carl Peterson, Secretary, Council on Industrial Health, has been appointed a member of the Advisory Committee of the Division of Industrial Health, Illinois State Department of Health.—Dr. Henry G. Poncher, Chicago, is the new secretary of the American Pediatric Society.—Dr. Claude Weldy, was recently guest of honor at a farewell dinner given by the members of the staff of the Garfield Park Community Hospital. Dr. Weldy retired from the staff to move to California.—Dr. Lucille E. Snow, Evanston, is a delegate to the Paris reunion of the International Federation of Business and Professional Women.—Dr. Karl Meyer and Dr. Sam Hoffman were toastmasters at a birthday party recently in honor of County Commissioner Dan Ryan.—Since July 1, Dr. John L. Savage has been associated with Dr. Frederick Christopher at 723 Elm Street, Winnetka.—Dr. Earl A. Martin, former chief of the diagnostic center at the Hines unit of the Veterans Administration Hospital, has been appointed an associate member of the Board of Veterans Appeals, according to the Chicago Daily News.—Illinois members of the Education Committee of the American Cancer Society are Dr. W. W. Bauer and Dr. Walter L. Palmer, both of Chicago. Illinois members of the Service Committee are Dr. Bowman C. Crowell and Dr. Augusta Webster, both of Chicago.—Dr. Max Thorek has been made a member of the Surgical Society of Rome, Italy.

Facial Surgery Project Planned at Mercy Hospital.—A unified program for correcting facial deformities has been developed at Mercy Hospital, newspapers reported recently. The corrective system, introduced by Dr. Wayne B. Slaughter, has been so effective that in the new Mercy Hospital it is planned to devote an entire floor to research and treatment of this field of surgery. Besides Dr. Slaughter, the Mercy panel of specialists includes Dr. Henry Clupker, a prosthetist who constructs parts of the face which are missing or too misshapen to be corrected by surgery; Dr. Jack Fletcher, assistant prosthetist; Drs. Robert A. Black and William Ellghammer, pediatrists, and Dr. Patrick Donnelly, oral surgeon.

Results of Community X-Ray Survey.—On July 26 the Tuberculosis Institute of Chicago and Cook County reported it had found 227 cases of "suspicion of tuberculosis" among the 14,967 persons X-rayed in a recent community-wide survey in Maywood and Melrose Park, according to the Chicago Daily Times. The number of suspects discovered amounted to 1.5 per cent. Half of the population of both suburbs took the tests and received a card notifying them of the results. Those who showed signed of tuberculosis were advised to see their physicians.

Lowell Coggeshall Named Dean.—Dr. Lowell T. Coggeshall, authority on malaria and chairman of the department of medicine, University of Chicago School of Medicine, has been appointed dean of the Division of Biological sciences at the university. Dr. Coggeshall came to the University of Chicago from the University of Michigan where he had

been chairman of the department of tropical diseases. Dr. Coggeshall succeeds R. Wendell Harrison who has been appointed vice president of the university.

Tom Spies to Head New Department at Northwestern.—Dr. Tom D. Spies, associate professor of medicine, University of Cincinnati College of Medicine and director of the nutrition clinic at the Hillman Hospital, Birmingham, Ala., has been named head of a new department of nutrition and metabolism at Northwestern University Medical School, it was announced July 25. The Spies Committee for Clinical Research, organized in 1943 to support the work of Dr. Spies has pledged the sum of $150,000 annually for the next five years for the new department. Dr. Spies assumed his new activities September 1. The Spies Committee, composed of business and professional men from all over the country, plans a fund raising campaign to provide money for the new building of the department to cost about a million dollars fully equipped, and to have a staff of 50 to 100 persons. In a statement to the press, it was revealed that so far as is known this is the first department of its kind in the country although some schools have subdivisions of nutrition in the department of medicine. Dr. Spies plans to continue his research into the relation of nutrition to metabolism, especially as it relates to diseases of old age. The new building will have accommodations for 40 to 50 beds so that patients with special nutrition problems may be studied. It is expected that between four and five million dollars would be needed to endow the new department. Among the discoveries of Dr. Spies is the nicotinic acid cure for pellagra, which has been compared in importance to the discovery of the means of preventing yellow fever. His work at Birmingham also has brought cures for beri-beri, riboflavin deficiency, and other nutritional ills. Although the death rate in severe cases of nutritional deficiencies was 54 per cent when Dr. Spies began his work, there have been no deaths from uncomplicated deficiency diseases in more than 7,000 cases treated by him at the Hillman Clinic. In 1945 Dr. Spies reported that synthetic folic acid, newly available, had been found effective in treatment of pernicious anemia and in other allied ailments. During the last war he was consultant to the secretary of war on tropical medicine.

Council of Nuclear Research Created.—The establishment of a Council of Nuclear Research to coordinate all departments and facilitate co-operation with the Argonne National Laboratory of the Atomic Energy Commission was announced July 27 by Northwestern University. Paul E. Klopsteg, director of research in the university's technological institute, will be chairman of the council. Other members are Samuel A. Goudsmit, professor of physics; Orrie J. Eigsti, associate professor of botany; Pierce W. Selwood, associate professor of chemistry; Howard L. Alt, associate professor of medicine; and Arthur R. Tebbutt, dean of the graduate school.

Dr. Van Hoosen Honored.—Dr. Bertha Van Hoosen, 84 year old Chicago surgeon, received word July 25 that she had been elected an honorary member of the International Association of Medical Women, the only woman so honored beside Mme. Marie Curie. Dr. Van Hoosen, who has been practicing medicine for sixty years, said she was notified of her election by the association's international secretary, Dr. Montreuil-Straus, in Paris.

Survey to Locate Children of Epilepsy.—The Illinois Epilepsy League has undertaken a survey in Chicago to determine the number of epileptic children of school age and to obtain data on which an educational program for epileptic children may be planned. One of the steps in the project was the use of newspaper advertising asking parents or other persons to report the name, address, age, and similar pertinent facts about children subject to epileptic seizures.

New Women's Auxiliary at Loyola Holds Luncheon.—The Women's Auxiliary of the Loyola School of Medicine held its first annual luncheon at the Casino Club recently and presented an honorary scroll to Father Michael I. English, regent of the medical school. Mrs. James J. Callahan, Oak Park, is president of the auxiliary which was organized in September, 1946. The purpose of the organization is to further educational medical and financial aid to the Loyola School of Medicine. Its membership includes wives of physicians and the teaching faculty of Loyola and numbers approximately 350.

University Assists Coroner's Office in Toxicology Tests.—The toxicology laboratory of the University of Illinois has been designated to perform the work of the coroner's office of Cook County, according to newspaper reports. Dr. Carl C. Pfeiffer, professor of pharmacology, materia medica, and therapeutics, and head of the Department, has been appointed chief toxicologist succeeding Dr. William D. McNally. Dr. Walter J. R. Camp, professor of pharmacology, materia medica, and therapeutics, has been appointed his assistant.

Medical Society Extends Graduate Medical Education.—The Chicago Medical Society will conduct a course on cardiovascular diseases on October 20-25 and one on gastroenterology October 27 to November 1 at Thorne Hall, Northwestern University Campus. The enrolment is limited to one hundred. The action of the Council of the Chicago Medical Society to develop post-graduate medical education was approved at a meeting April 8 when a special committee was appointed by Dr. Warren W. Furey, then chairman of the Council and now president of the Society. The new committee consists of Dr. Willard A. Thompson, secretary of the society, as chairman, Doctors Warren W. Furey, J. Roscoe Miller, John B. Youmans, R. W. Harri-

son, James J. Smith, Andrew C. Ivy, Fred H. Muller, James P. Simonds, Warren H. Cole, Percy E. Hopkins, Hugh N. MacKechnie, and G. Henry Mundt. The development of the courses on cardiovascular diseases and gastroenterology took place at a meeting of the committee on June 20 and expands the graduate education that was established when the annual clinical conference of the Chicago Medical Society was created.

Paul Campbell Honored.—Dr. Paul A. Campbell, Rush assistant professor of otolaryngology at the University of Illinois, has been awarded the decoration of the Royal Order of Sweden "for outstanding research in aviation medicine."

Dr. Campbell, a colonel in the army medical corps during the war, received the award from The Royal Swedish Air Force. Dr. Campbell served as director of research, Army Air Forces School of Aviation Medicine at Randolph Field, Tex., from May, 1942, until October, 1945. On V-E day, Dr. Campbell went into Germany to study research performed by the German Air Force. Previously, he made a trip to Europe in 1944 to serve on a team surveying problems of aviation medicine. Dr. Campbell has continued his wartime, aero-medical research at the University of Illinois college of medicine. His studies will be accelerated with the construction of an atmospheric environment and aviation medicine addition to the university's hospitals. The university professor also holds the Legion of Merit and the Army Commendation ribbon. He is an honorary member of the French Air Force.

Specialty Election.—At the last meeting of the Chicago Orthopaedic Society, the following officers were elected: Dr. Harold A. Sofield, President; Dr. John R. Norcross, President-Elect; Dr. Carlo Scuderi, Vice-President; Dr. Manley A. Page, Secretary-Treasurer, and Dr. Sam Banks, Assistant Secretary.—Dr. Edward G. Tatge is the new president-elect of the Chicago Society of Allergy. Dr. Theodore B. Bernstein was installed as president at the group's recent meeting, and Dr. Morris A. Kaplan was elected secretary-treasurer. All are of Chicago.

Illinois to Manufacture Nation's Supply of BCG.—The University of Illinois has been designated by the U. S. Public Health Service as the sole facility in this country for the manufacture of BCG (bacillus of Calmette and Guerine) vaccine, it is reported. It is proposed to start wholesale processing of the preparation in the new tuberculosis research hospital on which the university expects to start construction this fall. The new hospital will cost more than $361,000. The hospital, made possible under an appropriation bill signed July 7 by Governor Green, will be known as the Institute for Tuberculosis Prevention. It will be manned by a staff of forty university research investigators and laboratory technicians, is to be erected within the medical center area, and will be run in close cooperation with the Chicago Municipal Sanitarium. Operation of the institute will be under the direction of Dr. Andrew C. Ivy, vice president in charge of the University of Illinois Professional Colleges in Chicago. It is hoped ultimately to distribute the vaccine free through funds to be obtained by a research foundation board, headed by Park Livingston, president of the board of the university. It is hoped too that the public will respond to the drive for funds to make the vaccine available for the nation. Those associated with Mr. Livingston in the foundation's project to gain maintenance funds for the institute include Dr. Walter H. Theobald, president of the medical center commission; Dr. Ernest E. Irons, 5830 Stony Island Avenue; Dr. A. A. Day, chairman of the department of bacteriology at the Northwestern University Medical School; Dr. Robert Black, head of the department of pediatrics at the Loyola University School of Medicine, and Dr. Michael McGuire, professor of surgery at Loyola. Mrs. Henry Pope, Jr., who had charge of BCG research records in County Hospital, has been named chairman of the foundation board. First shipments to be manufactured by the new institute here, the university said, will be delivered to the U. S. Public Health Service. Distribution of the preparation, the school said, will not be on a commercial basis, but will be channeled through munipical health departments and other public health agencies throughout the nation. The new institute also will conduct research aimed at tubercuolsis prevention and will provide instruction in the use of BCG for public health officers. The new building, of four story brick construction, also will include X-ray rooms, quarters for experimental animals, operating rooms, and fifteen laboratories.

Indianan Joins College Staff.—Dr. William F. Hughes, Jr., Indianapolis, Ind., an authority on chemical burns of the eye, has been named head of the department of ophthalmology at the University of Illinois College of Medicine, effective July 1. He currently is engaged in private practice in Indianapolis, and serves on the staff of Indiana University as an associate professor of ophthalmology. During the war, Dr. Hughes conducted research devoted to chemical burns of the eye at the Office of Scientific Research and Development, John Hopkins University, Baltimore, Md. His studies included emergency treatment for burns in the eye produced by war gasses and the care of alkali and acid burns in civilians.

The 34-year-old specialist took his undergraduate work at Amherst college, and received his doctor of medicine degree from Johns Hopkins in 1938. He interned at Johns Hopkins hospital, and later served as ophthalmologist-in-charge of the outpatient department.

Dr. Hughes is now a member of the visiting staff at Indiana University hospital, the City Hospital of Indianapolis, and the Methodist hospital at Indianapolis. He holds membership in the American

Medical Association, American Academy of Ophthalmology and Otolaryngology, Association for Research in Ophthalmology, and Sigma Xi.

Branch Officers of the Chicago Medical Society.—

Aux Plaines Branch

President, Henry E. Swantz; Vice-President, Louis F. Plzak; Secretary, Walter Lawrence; Treasurer, William Raim; Councilors, R. O. Howser, R. C. Oldfield, Joseph C. Sodaro; Alternate Councilors, Harold Smith, Paul C. Fox; Michael J. Parenti; Trustee, J. L. Fleming; Editor Aux Plaines News, Ellis Kerr; Assistant Editor Aux Plaines News, J. C. McMillan.

Calumet Branch

President, Thomas Ahearn; Vice-President, Warren Young; Secretary, Robert E. Lee; Councilor, Yorke B. Sutch; Alternate Councilor, B. K. Lazarski.

Douglas Park Branch

President, Edward A. Skolnik; Vice-President, L. B. Schwartz; Secretary-Treasurer, Aaron Neiman; Councilors, M. I. Kaplan, B. Bousa, Edward A. Piszczek; Alternate Councilors, Julian Arendt, Arthur A. Thieda, Samuel J. Zakon.

Englewood Branch

President, James L. Foley; Vice-President, Eugene F. Carey; Secretary, H. A. Fitzmaurice; Treasurer, A. D. M. Kraus; Councilors, M. M. Wasick, W. S. Bougher, Percy E. Hopkins; Alternate Councilors, Francis W. Young, Joseph A. Patka, John Haeberlein; Board of Governors, T. G. Jones, W. L. Porterfield, A. J. Sullivan, James L. Foley.

North Suburban Branch

President, Lawrence J. Lawson; Vice-President, Charles E. Pope; Secretary-Treasurer, William J. Blackwell; Councilors, William E. O'Neil, Lorne W. Mason, James Farrell; Alternate Councilors, Paul L. Bedinger, J. E. Kearns, Hugh Bridgegroom.

Irving Park Branch

President, Charles Stigman; Vice-President, Camillo E. Volini; Secretary, Walter C. Bornemeier; Councilor, Henry Sweany; Alternate Councilor, Reinhold E. Johnson.

Jackson Park Branch

President, Paul C. Bucy; Secretary-Treasurer, Wright Adams; Councilors, O. W. Rest, Harry A. Olin, Gerald N. Krost, Frederick W. Slobe, Walter L. Palmer; Alternate Councilors, Clinton A. Elliott, Chester C. Guy, Lawrence F. Draper, Robert S. Herzog, J. D. Kirschbaum.

North Shore Branch

President, Clarence K. Jones; Vice-President, Wayne Slaughter; Secretary-Treasurer, John L. Reichert; Councilors, H. Kenneth Scatliff, Karl L. Vehe, Darwin Pond, Anders Weigen; Alternate Councilors, J. S. Schriver, Robert Borchert, O. Theodore Roberg, Jr., Paul S. Vermeren; Board of Governors, C. Otis Ritch, Walter C. Hammond, Karl L. Vehe.

North Side Branch

President, William D. Jack; Vice-President, Archibald Hoyne; Secretary-Treasurer, F. Lee Stone; Councilors, John P. O'Neil, I. S. Trostler, Warren H. Cole; Alternate Councilors, John R. Wolff, Paul E. Grabow; Trustees, Clarence L. Wheaton, John A. Graham, George J. Noger, Oscar H. Kraft.

Northwest Branch

President, Matthew E. Uznanski; Vice-President, H. G. Wehringer; Secretary-Treasurer, Stanley Przygocki; Councilors, M. J. Kutza, Frank H. Fowler, O. W. Konzelman; Alternate Councilors, J. M. McDonnough, N. J. Kupferberg, Joel W. Knudson.

South Chicago Branch

President, Wayne W. Flora; Vice-President, Paul J. Starcevich; Secretary, E. V. McCarthy; Councilor, S. J. Sullivan; Alternate Councilor, John L. Keeley.

South Side Branch

President, Morgan X. L. Trainor; Vice-President, Charles W. Bibb; Secretary-Treasurer, Charles P. Eck; Councilor, Bernard P. Conway; Alternate Councilor, Irving J. Straus.

Southern Cook County Branch

President, Kenneth Smith; Vice-President, Timothy H. Kelly; Secretary, Ralph C. Aiken; Councilor, William C. Doepp; Alternate Councilor, Warren C. Blim.

Stock Yards Branch

President, Edwin J. Lukaszewski; Secretary-Treasurer, Rudolph P. Leyers; Councilor, M. M. Hoeltgen; Alternate Councilor, Frank Wojniak.

West Side Branch

President, E. J. Worthington; Secretary-Treasurer, John T. Gregorio; Councilor, Joseph Forbrich; Alternate Councilor, H. P. Sullivan.

ELECTION COMMISSION

S. M. Goldberger, Chairman
Frank M. Maple
Frank H. Fowler
Joseph Sodaro

De Lee Professorship Established.—The Joseph Bolivar De Lee professorship of obstetrics has been established at the University of Chicago School of Medicine under an endowment fund set up by the Mothers' Aid of Chicago Lying-In Hospital and Dispensary, and Dr. M. Edward Davis, professor of obstetrics has been appointed to the chair. Dr. Davis, a graduate of Rush Medical College in 1923, became associated with Dr. De Lee as assistant resident of the hospital in 1925. He received the Gold Medal Award of the American Medical Association for studies in ergot in 1935, and the annual award of the Central Association of Obstetricians and Gynecologists in 1937 on the production of artificial ovulation. The De Lee professorship endowment is in honor of the founder of the Chicago Lying-In Hospital and Dispensary. Dr. De Lee first established a dispensary and home delivery service at Maxwell Street and Newberry Avenue in 1895.

Faculty Members Honored.—Dr. Ralph W. Gerard, professor of physiology, and Dr. Alexander Brunschwig, professor of surgery, both of the University of Chicago, were among the fourteen American physicians to receive the Order of the White Lion, Czechoslovakia's highest award, in Washington, D. C., on June 3. The awards were made at a reception in the Czechoslovakian embassy in recognition of their work in Europe as members of the Unitarian Service Committee Medical Cornell university college of medicine, and attending surgeon at Teaching mission.

Northwestern Expands Research.—Grants totaling $35,000 have been received by Northwestern University school of medicine for research in tuberculosis. Gifts were received from Mr. and Mrs. Leon Mandel and the United States Public Health Service. The Leon and Carola Mandel fund will provide $10,000 for clinical research in the pathology of tuberculosis with emphasis on the relation of nutrition to the disease. A project on streptomycin as a treatment for tuberculosis has been established with a $25,000 gift from the United States Public Health Service. The grant gives recognition to more than three years of experimental research on the therapy of tuberculosis carried on at Northwestern under direction of Dr. Guy P. Youmans, associate professor bacteriology.

Hospital News.—Presbyterian Hospital will receive $217,000 as a principal beneficiary of the estate of Miss Minnie L. Bain, who died recently.

Dr. Ivy Named Head of Cancer Council.—Dr. Andrew C. Ivy, vice president in charge of the Chicago Professional Colleges of the University of Illinois, has been appointed executive director of the National Advisory Cancer Council, of which he has been a member since 1945. In this position Dr. Ivy will head a group of six scientists who direct the activities of the National Cancer Institute, which is a division of the National Institute of Health. The institute coordinates cancer research in the United States and serves as consulting agency to the surgeon general of the U. S. Public Health Service, Dr. Thomas Parran, in the allocation of the $14,000,000 appropriated recently by congress to implement an organized attack on cancer.

CRAWFORD COUNTY

Public Meeting of Hospital Facilities.—A public meeting was held at the Robinson Township High School auditorium July 2 to discuss the problem of hospital facilities for Crawford County, and the relative problem of attracting more qualified young physicians to that area. Included among the speakers were Dr. Malcolm T. MacEachern, Chicago, on "Advantages of an Approved Community Hospital" and Dr. Roland Cross, Springfield, Director, State Department of Public Health, on "What the State Can Do For Community Institutions". The meeting was under the auspices of the Crawford County Medical Society with Dr. Harlan English, Danville, Councilor of the Eighth District of the Illinois Medical Society, acting as moderator.

DEKALB COUNTY

Society News.—Dr. Clifford Smith, DeKalb, was recently elected president of the DeKalb County Tuberculosis Association. Another medical member of the officers is Dr. Carl Clark, Sycamore, second vice president.

GREENE COUNTY

William Garrison Honored.—A dinner was held by the Greene County Medical Society recently to honor Dr. William H. Garrison, White Hall, on his completion of fifty years in medical practice. Dr. Walter Stephenson, Quincy, chairman of the council, Illinois State Medical Society, presented to Dr. Garrison the insignia of the Fifty Year Club of the state society. Members of the Greene County Medical Society presented Dr. Garrison with a leather traveling bag. For twenty years the physician was local surgeon for the Alton Railroad. He has been practicing in White Hall since 1920 and is now serving his nineteenth year as secretary of the Greene County Medical Society, having previously served as president and vice president.

HENRY COUNTY

Personal.—Dr. John Edward Trekell, 89 years of age, has practiced medicine for 64 years and has never driven an automobile, newspapers reported.

LAKE COUNTY

Robert Coghill Cited for Work in Penicillin.—Robert D. Coghill, Ph.D., director of research of Abbott Laboratories, North Chicago, recently received a distinguished service citation from the University of Kansas in recognition of his public service in conducting research that made possible mass production of penicillin. Dr. Coghill was formerly in charge of the research program of the U. S. Department of Agriculture at Peoria.

Personal.—Dr. Lawrence C. Day, Grayslake, and Dr. George Buttemiller, Libertyville, have formed a partnership and established the Day-Buttemiller Clinic in Libertyville. Each doctor will continue his private practice at his present location until space for practice together is available.

LEE COUNTY

Warren Murray Observes Anniversary.—A testimonial reception was held July 15 to honor Dr. Warren G. Murray, superintendent, in recognition of his completion of twenty-five years as superintendent of the Dixon State Hospital. The employees of the hospital sponsored the affair.

LIVINGSTON COUNTY

Society Election.—Dr. Andrew J. McGee, Dwight, was installed as president of the Livingston County Medical Society, June 25, succeeding Dr. O. L. Bettag, Pontiac, who held the presidency for five years. Other officers are: Dr. Harold Schroder, Pontiac, vice president, and Dr. Otis Law, Pontiac, secretary-treasurer.

MACON COUNTY

Personal.—Dr. and Mrs. E. P. McLean left Decatur June 4 for Brownsville, Texas, where Dr. McLean intends to practice. The physician had been engaged in practice in Decatur for nineteen years.—Dr. Robert E. Haan, Decatur, recently became associated with his father, Dr. George Haan, Decatur.

MACOUPIN COUNTY

Dr. Davis Honored.—On July 24 the Macoupin County Medical Society honored Dr. James H. Davis, Carlinville, who has completed fifty years in the practice of medicine. Dr. Walter Stevenson, Quincy, Councilor of the Sixth District, Illinois State Medical Society, made the principal address of the evening and presented the fifty year certificate and gold emblem to Dr. Davis. The guest of honor graduated at Northwestern University Medical School in 1897.

MCLEAN COUNTY

Clinic for Crippled Children.—A half-day clinic was held at Brokaw Hospital, Normal, June 27, under the auspices of the University of Illinois Division of Services for Crippled Children in cooperation with the McLean County Medical Society and the McLean County Health Department. The examining staff included Dr. Gordon Schultz, Dr. Gerald M. Cline, and Miss Evelyn Green.

MORGAN COUNTY

Blood Registry to be Established.—A blood registry, which is being sponsored by the Amvets Post No. 100 in cooperation with other service and civic organizations, the Morgan County Medical Society, Passavant and Our Saviour's Hospitals, the police and fire departments and the Journal Courier, will be established in Jacksonville at an early date, according to the Jacksonville Journal. The purpose of the blood registry will be to provide blood free for transfusion to residents of this area or any person that is in need of blood in an emergency. The registry will be a memorial to all veterans who lost their lives in all wars. According to Henry L. Deppe, commander of the Amvets, the registry will be established at the two Jacksonville hospitals, the plan having been approved by Sister Helen Francis, superintendent of Our Saviour's Hospital and Carroll T. Hughes, hospital administrator at Passavant Memorial Hospital. The Morgan County Medical Society, of which Dr. Vincent T. J. Lenth is president, approved the registry at its meeting on June 12.

State Hospital Observes Hundredth Anniversary.—The Jacksonville State Hospital marked its one-hundredth anniversary with a special ceremony July 27. New veterans quarters at the hospital, dedicated in November, 1945, will, at completion, cost $1,400,000 and will house 350 patients, raising the institution's capacity for veterans to 750.

PEORIA COUNTY

Personal.—Drs. C. G. Farnum and Charles G. Farnum, Jr., announce their association in the practice of internal medicine at 516-517 Jefferson Building, Peoria.—Dr. Irving L. Turow announces the opening of his offices at Suite 805 Jefferson Building, Peoria 2. His practice is limited to psychiatry and neurology.

Sanatorium Admits 118 Patients.—According to Contact, during 1946, 118 patients were admitted to the Peoria Municipal Tuberculosis sanatorium. Of this number, 15 had minimal tuberculosis, 17 moderately advanced tuberculosis and 62 far advanced tuberculosis.

A total of 180 patients were treated at the sanatorium during the year, and 91 of these were discharged. There were an average number of 67.2 patients at the sanatorium per day.

In November, 1945, the report stated, a miniature x-ray unit was purchased by the Peoria County Tuberculosis association and installed in St. Francis hospital. A total of 3,317 patients were x-rayed from the time of the unit's installation until December, 1946. Of these patients, 184 x-rays showed abnormal chest conditions, and 86 of these had definite pulmonary lesions. Seventy-nine had questionable pulmonary lesions.

During the year, Dr. Maxim Pollak, who had been medical director and superintendent for 17 years, resigned and Dr. Dan Morse was selected as his successor.

RANDOLPH COUNTY

Fifty Years of Practice.—Dr. C. O. Boynton, Sparta, and Dr. T. Alfred Jones, Menard, were honored at a dinner June 25 when they were inducted into membership of the "Fifty Year Club" of the Illinois State Medical Society. Dr. G. C. Otrich, Belleville, Councilor of the Tenth District, presented the two physicians with certificates and pins indicating their membership into the club. Bouquets were presented to both physicians by Dr. A. C. Scott, Evansville, president of the Randolph County Medical Society. Dr. James S. Templeton, Pinckneyville, formerly president of the Illinois State Medical Society, was included among the speakers.

VERMILION COUNTY

Personal.—Dr. John P. Roberts, a member of the Veterans Administration Hospital, Danville, addressed the American Business Club recently on his hobby of model trains.

WILL-GRUNDY COUNTY

Personal.—Dr. Raymond J. Kennedy, Joliet, has been appointed examining physician for the board of fire and police commissioners in July, succeeding Dr. Frank J. Chmelik, who held the position for four years.—Dr. David Gomberg has opened offices at 86 West Jefferson Street, limiting his practice to urology.

GENERAL

Clinical Congress in New York.—The thirty-third annual Clinical Congress of the American College of Surgeons, including the twenty-sixth annual Hospital Standardization Conference, was held at The Waldorf-Astoria, New York, from September 8 to 12. The five-day program featured operative and nonoperative clinics in 38 hospitals in New York and Brooklyn, and scientific sessions in general surgery and the surgical specialties, official meetings, hospital conferences, medical motion pictures, and educational and technical exhibits, at the headquarters hotel. Dr. Howard A. Patterson of New York was Chairman of the Committee on Arrangements; Dr. Frank Glenn is Secretary. Dr. Malcolm T. MacEachern and Dr. Bowman C. Crowell, Chicago, the Associate Directors, were in general charge.

The first event on the Clinical Congress program was the General Assembly for surgeons and hospital representatives on Monday morning, September 8, with Dr. Irvin Abell, Louisville, President of the College and Chairman of its Board of Regents, presiding. Monday evening the Presidential Meeting, including inauguration of the following new officers, was held: President, Dr. Arthur W. Allen, Boston; First Vice President, Dr. Thomas E. Jones, Cleveland; Second Vice President, Dr. Gordon B. New, Rochester, Minnesota. At this meeting Dr. Abell gave the Address of the Retiring President, on the subject, "The Spirit of Surgery," and Dr. Allen O. Whipple of New York delivered the second Martin Memorial Lecture, his subject being "The Qualifications of the Surgeon and the Cancer Problem."

The Convocation, at which between five and six hundred initiates were received into fellowship, was held on Friday evening, September 12. The new president, Dr. Allen, conferred the fellowships and honorary fellowships. Dr. Andrew C. Ivy of Chicago gave the Fellowship Address.

Clinic of Physical Medicine.—The Archives of Physical Medicine reports that the only hospital in the United States devoted entirely to the practice of physical medicine has been opened in Chicago with Dr. Milton G. Schmitt as director. The hospital contains an especially designed gymnasium, swimming pool and solarium.

Chicago Physicians Survey Health Conditions in Alaska.—Five Chicago physicians spent a month in Alaska recently, to conduct clinics and survey health conditions for Secretary of Interior Krug, according to the American Medical Association News. The specialists took with them facilities for a portable hospital. Their aim was to diagnose, prescribe for and treat as many sick Eskimos, Indians and Aleuts as possible. It was planned that the Chicago team would set out from Anchorage, to treat tuberculosis patients in such communities as Tanana, Point Barrow, Kotzebue and Bethel as well as in Nome, Juneau and Anchorage. Some time ago, Secretary Krug appointed the executive committee of the Board of Trustees of the American Medical Association, Dr. Morris Fishbein, editor of The Journal of the American Medical Association, Dr. George F. Lull, secretary and general manager of the American Medical Association, and Dr. William A. Morgan, Washington, on an advisory committee to select such teams of competent consultants—clinicians, not investigators—for work in United States possessions. The Chicago team, which is the first to be selected by this advisory committee, is composed of Doctors Jack Silverstein, Arthur Bernstein, George Holmes, Harry E. Barnett and John C. Fields, all of whom are connected with the 3,400-bed Cook County Hospital in Chicago. Next fall, other carefully-selected physicians will visit Indian reservations of the West, starting probably with the Arizona Navajo tribes in September. In December, ten or twelve physicians will be sent to Puerto Rico and the Virgin Islands to do what they can in the span of a few weeks to improve health conditions.

Dr. Morgan, who is serving as secretary of the Advisory Committee, stated in Washington that "a great many of these sick people never see a doctor." "They live in areas with no medical facilities, whatever," he said, adding: "The teams of physicians will go in, work with public health officers where they are available, and will attempt to do something concrete about medical and surgical attention for these underprivileged groups. "We will send outstanding men from our best hospitals. The teams that visit the reservations, for example, may be chosen from San Francisco, Ann Arbor, Michigan, or the Mayo Clinic at Rochester, Minnesota. "This is planned as a continuing project—the only kind that can be really useful. More teams will be sent out next year."

The Miracle of Growth.—A dramatic exhibit of growth and development of the individual from conception through adulthood was unveiled at the Museum of Science and Industry recently.

The exhibit, entitled "The Miracle of Growth," has been produced by the department of medical and dental illustration at the Chicago Professional Colleges of the University of Illinois. Dr. George D. Stoddard, president of the University, will present the exhibit to Major Lenox R. Lohr, president of the Museum, in a formal ceremony.

The novel and original exhibit, a story of human growth, reveals the rhythm and pattern of the individual's development. It illustrates how growth, a continuous process, follows an orderly sequence in all normal individuals.

The display represents an extensive experiment in visual education. The story is told in a series of graphic episodes in cases chronologically arranged in the medical section of the Museum. Physical, mental and psychological growth of the normal

individual are portrayed in the exhibit. The exhibit will be opened to the public on Thursday.

A transparent pregnant woman, symbolizing the existence of a new life within the mother's body, is the central figure of the display. The model has been made of transparent plastic materials to show the relation of the child to the mother before birth has taken place.

The story of growth is told on 13 wall cases, pertaining to the fetus and the mother, the birth of a baby, Caesarean birth, newborn care, the infant, pre-school years, the development of teeth, school years, and adolescence.

The principles of heredity are portrayed for Museum visitors through a series of electric questionnaires. Probable eye and hair coloring of children born of parents with similar or mixed coloring has been shown through a system of alternately lighted panels.

Through the use of the latest media of medical illustration, Professor Thomas S. Jones and his staff have created a new concept of display technique which is designed to make the exhibit idea more functional. The exhibit clearly represents modern thought.

The official opening of the exhibit will climax more than two and a half years of planning, development, and construction by Professor Jones and his assistant, Miss Ruth B. Coleman. The models in the birth process section were designed by Miss Charlotte S. Holt.

Five other University staff members served as consultants and as members of the project committee. They are Dr. Frederick H. Falls, head of the department of obstetrics and gynecology; Dr. Henry G. Poncher, head of the department of pediatrics; Dr. Isaac Schour, associate dean of the college of dentistry; E. Todd Wheeler, associate architect; and Dr. Arnold A. Zimmerman, professor of anatomy.

In connection with the opening of the exhibit, the Citizens' Advisory Committee of the University of Illinois also met at the Museum.

Attendants at State Hospital Tested.—The Illinois State Department of Welfare announced July 9 plans for experiments aimed at raising standards of attendants at eleven mental hospitals in Illinois, according to the Chicago Sun. About one hundred attendants of the Elgin State Hospital were to be given various tests in personality, intelligence, mechanical aptitude, and mental health. They will be further examined on the basis of present state civil service qualifications for their positions. Test results will be compared with the present work performance record of each attendant. Information gathered from the experiment will be used in writing future state civil service examinations. Dr. Louis Steinberg, superintendent at Elgin, and Dr. Phyllis Wittman, supervising psychologist of all state welfare institutions, will work with the civil service commission's technical staff in making the study. The welfare department, which administers state mental institutions, currently employs more than 3,500 hospital attendants.

Conference on Nutrition.—The Chicago Medical Society will conduct a conference on nutrition at the John B. Murphy Memorial, 42 East Erie, Chicago, October 1. Cooperating with the Chicago Medical Society are the Illinois State Medical Society, the Institute of Medicine of Chicago, the Chicago Nutrition Society, and the Friends of the Land. The program includes the following speakers:

Dr. A. C. Ivy, vice president, University of Illinois Chicago Professional Colleges and distinguished service professor of physiology on "Appetite and Hunger".

G. A. Sloan, president, Nutrition Foundation, New York, on "The Food Industry and the Public".

Dr. F. G. Boudreau, New York City, director, Milbank Foundation, New York, chairman, Food and Nutrition Board of the National Research Council, Washington, D. C., on "The World Food Situation: Yesterday and Tomorrow".

Dr. J. Forman, Editor, Ohio State Medical Journal, on "The Soil and Nutrition."

Dr. Clive McCay, professor of nutrition, Cornell University, Ithaca, N. Y., on "Food for the Aged".

H. H. Mitchell, professor of nutrition, University of Illinois on "Diet and Climate."

Dr. H. P. Rusch, director, McArdle Memorial Laboratory for Cancer Research, University of Wisconsin, Madison, Wis., in "Diet and Liver Cancer".

Dr. Vilhjalmur Stefansson, famous Artic explorer, on "An Anthropological Approach to Nutritional Problems." And Dr. John P. O'Neil on "The Citizen's Responsibility."

HEALTH DEPARTMENT ACTIVITIES

State Department of Health Observes Thirtieth Anniversary.—The Illinois Department of Public Health held an open house to observe its thirtieth anniversary as a code department of the Illinois state government and the seventieth anniversary of the organization of the State Board of Health, in the State House, Springfield, July 11. In a statement to the press, Dr. Roland R. Cross, director of the state department of health, reviewed some of the health progress that has been made in the state during the last three decades. Directing attention first to the state's infant death rate, which is considered a significant indication of the health status of the people, Dr. Cross pointed out that there were 119 deaths under one year of age for every 1,000 births in Illinois in 1917, as against 30 infant deaths per 1,000 births in 1946.

Dr. Cross also declared that through the advances in medical science, and with the cooperation of the medical profession and all other health agencies, remarkable achievements have been made in the prevention and control of communicable diseases.

He cited specifically diphtheria, typhoid fever and tuberculosis. "Since 1917, when the state department of public health came into existence, diphtheria and typhoid fever have been reduced to diseases of minor prevalence in Illinois," Dr. Cross declared. "Great strides have also been made in the prevention and control of tuberculosis. The death rate from this disease has declined almost 75 per cent during this 30-year period. Dr. Cross warned, however, that tuberculosis is still a major public health problem in Illinois, and is a leading cause of death among persons 15 to 45 years of age.

"Illinois may well be proud of its accomplishments in public health," Dr. Cross concluded. "There are, however, many serious health problems to be solved. It is to the cooperative solution of these, as well as to the preservation of the accomplishments to date, that the Illinois Department of Public Health is re-dedicating itself on its thirtieth anniversary."

Twelfth Diagnostic Clinic.—The twelfth state-aided cancer diagnostic clinic in Illinois was opened at the Sherman Hospital in Elgin on July 11. Under the direction of Dr. Joel L. Deuterman, clinic sessions are to be held every Friday morning, beginning at eight o'clock. Dr. H. A. Grimm will serve as pathologist and Dr. H. T. Mostrum will be the roentgenologist. Any physician in the state may refer a suspected cancer case to this clinic for diagnosis and recommendations for treatment.

"Cancer is a rising cause of death in Illinois," according to Roland R. Cross, state health officer, "and the disease commonly strikes in the after-forty age groups, thus affecting persons who may well have major responsibilities in their homes and in their places of employment."

Dr. Cross also pointed out that "hundreds of Illinois cancer patients have been cured, and many more could have been cured if they had received treatment when the disease was in the early stage."

Other State-aided cancer diagnostic clinics are located at Chicago, Rockford, Springfield, East St. Louis, Champaign, Evanston, DuQuoin, Peoria, Jacksonville, Herrin and Bloomington.

Provisional Vital Statistics of 1946.—A record breaking 170,921 livebirths were registered in Illinois for the year 1946, according to Health Statistics Bulletin. At the same time only 88,373 deaths occurred in the state. The excess of births over deaths provides the state with a natural increase in population amounting to 82,548 persons. The 1946 birth rate of 20.9 livebirths per 1,000 population is the highest in the history of Illinois vital statistics. The low rate of 10.8 deaths per 1,000 population in 1946 is near the all time low of 10.6 encountered in 1933. Despite recent high birth rates, the population is not now growing as rapidly as in the years after World War I, because fewer new residents are entering the state. Lack of in-migration is partially offset by progress in the prevention of early death from disease. But this saving of lives (as evidenced by low death rates) is also causing substantial increases each year in the number of old people. Coupled with large increases in the child population, this has the effect of making many more persons dependent on relatively fewer people in the productive years of life.—Adverse events during the war were the epidemic of poliomyelitis which causd 171 deaths and two accidents, the railroad wreck at Naperville in May which led to 46 deaths, and the LaSalle Hotel fire in Chicago which caused 61 deaths. There were 1669 deaths from motor vehicle accidents in 1946, a total of which was 16 per cent higher than that recorded in 1945, and almost 27 per cent above the low reached in 1944, when the greatest restrictions on automobile traffic were effective. There were 13 deaths in 1946 among childen under five years from diphtheria, 9 among children aged 5-14, the totals indicating an increase in these death over the previous year. There were also 9 deaths from diphtheria in persons 15 years old and over as opposed to only 3 deaths in 1945; of the the 9 deaths in this age group, 5 were in the ages 15-25. These tables reveal, the Bulletin points out, that a new problem arises in the increase of diphtheria among adults. Thirty deaths occurred from whooping cough, tularemia accounted for 9 deaths, and Rocky Mountain spotted fever caused 4 deaths.

Personal.—Dr. Clifton Hall, chief of the division of tuberculosis control, Illinois Department of Public Health, Springfield, was recently elected to Fellowship in the American College of Chest Physicians.

Report of Cook County Health Unit.—The Cook County Department of Public Health recently released the annual report for 1946, the first year that the department functioned as an independent department of county government. Reorganized by the Board of Commissioners of Cook County in December, 1945, it now operates under provisions of the Searcy-Clabaugh Law. A central administrative office and four district offices are maintained throughout the county. The Report indicates that the suburban and rural areas of Cook County have had no deaths from diphtheria during the past two-and-a-half years. Approximately 75 percent of the children are protected against the disease. There were 15,966 immunizations completed against diphtheria, whooping cough, small pox, and typhoid fever at child health conferences, at special clinics, at emergency clinics and in the school. Nursing service was given to 4,103 patients. A localized undulant fever outbreak resulted in 117 persons being treated for the disease. Every patient and contact was visited and an investigation conducted of food, milk, and milk products in an effort to trace the source of infection. The report pointed out that there was evidence that raw milk was being consumed by many of the people infected by this outbreak.

In 1946, 61 patients were referred to the Chicago Intensive Therapy Center. There were 9,449 clinic visits made to the 550 clinic sessions. There were

11,024 chest x-rays taken with equipment loaned by the Illinois Department of Public Health and the Tuberculosis Institute of Chicago and Cook County. A total of 4,317 tuberculin tests were done in child health conferences and as an educational experience in the elementary schools. Public health nurses made 1,219 visits to families where there were cases of tuberculosis, contacts or suspects. A Tuberculosis Registry was provided for the health department by the Illinois Department of Public Health. A secretary paid by the Tuberculosis Institute of Chicago and Cook County services the Registry.

A maternal clinic was organized for Negro mothers at Robbins in October, 1945, and was held twice monthly. Specialized medical and nursing care for premature infants born at home or in hospitals in surburban Cook County, outside of Evanston and Oak Park, was inaugurated October 1, 1946. About 5 percent of the babies born in 1944 were premature. It is estimated that 86 percent will survive with special care, according to the Report. Any infant whose weight is under five pounds can be brought to the premature center at Cook County Hospital where two incubators with oxygen units are supplied by the health department for transporting these babies to the hospital. Dr. Edward A. Piszczek is director of the Cook County Department of Public Health.

Improvement in Water Supply.—Dr. Ronald R. Cross, state director of public health, and chairman of the State Sanitary Water Board today announced that the Board has issued permits for the extension of sewers in the Rockford Sanitary District, and for the construction of a new sewage-treatment plant at Pittsfield in Pike county.

Plans have also been approved by the department of public health for the installation of new or improved water systems in 13 Illinois communities. They are as follows:

Installation of a complete water system at Ashkum, Iroquois county.

Two new wells and complete modernization of waterworks facilities at Lacon, Marshall county.

Water main extensions and a new elevated tank at DeKalb, DeKalb county.

Major improvements of water works, including the development of two new wells at Joliet, Will county.

Pumping station and extension of water mains at Markham, Cook county.

Improvements including a new reservoir and other equipment at Macomb, McDonough county.

Complete modernization and expansion of water-treatment plant at Freeport, Stephenson county.

Improvement of the public water supply, including construction of new well at Bellwood, Cook county.

Water-treatment plant and modernization of existing facilities at Earlville, LaSalle county.

Improvement of water-treatment equipment at Carbondale, Jackson county.

Extension of water mains at Toulon, Stark county; Bensenville, DuPage county; and Hamilton, Hancock county.

"For The Common Good"

Dr. Charles P. Blair, Monmouth, Councilor of the Fourth District and Chairman of the Educational Committee, Illinois State Medical Society, was recently appointed a member of the medical examining committee of the Illinois State Department of Registration and Education. He succeeds Dr. William L. Karcher, Freeport, resigned.

Dr. Ernest M. Dewhirst, Danville, was a visitor in the Office of the Educational Committee of the Illinois State Medical Society recently. He was seeking information on speakers for the Vermilion County Medical Society for the coming year.

Another visitor to the Office of the Educational Committee was Dr. John J. Pflock, for many years active in the Chicago Medical Society and now living in Glendale, Calif.

Dr. Harold Camp, Monmouth, Secretary of the state medical society, gave the principal address at the dinner, July 2, honoring the completion of fifty years of practice by Drs. Benjamin D. Baird and William H. Maley. Dr. Camp spoke on "Medical Problems of Today."

The Chicago-Cook County Committee for the Eradication of Tuberculosis is to be commended for its sincere campaign which resulted in the passage of Senate Bill 320 which grants additional funds to the Municipal Tuberculosis Sanatorium and its fight which carried Senate Bill through the Senate only to have it die "on the calendar" in the House of Representatives."

The Illinois Congress of Parents and Teachers, at its annual meeting recently, adopted a resolution thanking the Illinois state medical and dental societies for their cooperation in connection with the Summer Round-up or School Examination Program.

Commendation to Miss Margaret M. Bates, librarian, University of Illinois College of Medicine, Chicago, for her splendid collection in stamps honoring famous doctors of medicine, special events in medical history, and religion relative to medicine. The comprehensive collection took ten years to assemble and, according to Miss Bates, is not yet completed.

The first three requests for Postgraduate Conferences to the Postgraduate Education Committee

came in from the Sixth Councilor District for Jacksonville, October 9; Ninth Councilor District, Marion, October 2, and Seventh Councilor District, Effingham, October 30. Dr. Robert S. Berghoff, Chicago, is Chairman of the Postgraduate Education Committee.

Lectures Arranged by the Scientific Service Committee:

Dr. E. Harold Ennis, Springfield, Logan County Medical Society, Lincoln, October 16, on "Rh Factor."

Dr. James H. Hutton, Chicago, Livingston County Medical Society, Pontiac, June 25, on "The Endocrine Treatment of Developmental Defects and Disturbances of the Climacteric."

Lectures Arranged Through the Educational Committee:

Dr. George H. Rezek, Chicago, Belmont Women's Club, February 18, 1948 on "Facing the Forties."

Dr. William W. Bolton, Chicago, Sutherland School P.T.A., March 19, 1948 on "Keeping Children Healthy."

Dr. Mary G. Schroeder, Wilmette, Park Manor Women's Club, March 16, "Looking Forward at Forty."

DEATHS

Frank Leroy Andrews, Chicago, who graduated at Chicago College of Medicine and Surgery, 1916, died April 19, aged 61, of cerebral hemorrhage. He had been on the staff of Grant Hospital.

Llewellyn E. Barnes, Chicago, who graduated at Reliance Medical College, Chicago, in 1910, died July 23, aged 69. He had practiced medicine in Chicago since graduation.

Frances S. Carruthers Blanchard, retired, Wheaton, who graduated at Northwestern University Women's Medical College in 1885, died at her home on July 4th, aged 91.

Joseph Lyman Bryan, Xenia, who graduated at St. Louis University School of Medicine in 1906, was instantly killed in an automobile accident at St. Paul, Minnesota, July 12, while on a vacation tour. Dr. Bryan was with the State Department of Public Health for the last 11 years as District Superintendent. He was 67 years of age.

John Henry Evans, Chicago, who graduated at the University of Illinois College of Physicians and Surgeons in 1908, died in his home in River Forest on July 15, aged 62. He was formerly professor of clinical surgery at Loyola University School of Medicine.

Arthur Howard Gollmar, Manteno, who graduated from Rush Medical College in 1900, died of a heart attack, July 24th, aged 75. For 19 years he was psychiatrist at the Manteno State Hospital.

James Graybeal, retired, Chicago, who graduated at the University of Illinois College of Medicine in 1907, died July 23, aged 73. He had been active in Englewood community for 33 years prior to his retirement in 1940.

Angelina G. Hamilton, Anna, who graduated at The Hahnemann Medical College and Hospital, Chicago, in 1897, died April 30, aged 75. She had retired April 1 as staff psychiatrist at Anna State Hospital after nearly 50 years of state service.

George David Hauberg, Moline, who graduated at Northwestern University Medical School in 1911, died suddenly in his home, June 23, at the age of 63. He was a past president of the Rock Island County Medical Society and of the Iowa-Illinois Central District Association and on the staff of the Lutheran and Moline Public Hospitals; in 1942, he was elected president of the staff of the Lutheran Hospital.

Alf J. Holm, Chicago, who graduated at Jefferson Medical College of Philadelphia in 1924, died July 31, aged 48. He was assistant in urology at the University of Illinois College of Medicine and attending urologist at Ravenswood Hospital.

James Gerard McGrath, Chicago, who graduated at Loyola University School of Medicine in 1920, died July 23, on his 52nd birthday, following an operation, at Rochester, Minnesota. He had been for many years a member of the staff of St. Anne's Hospital, and was high medical examiner of the Catholic Order of Foresters.

Curtis C. McMackin, retired, formerly of Wyoming, who graduated at Missouri Medical College, St. Louis, in 1895, died June 27 at the age of 89. He had practiced medicine for several years in Roanoke before going to Wyoming.

Frances L. Patrick, Chicago, who graduated at Northwestern Women's Medical School in 1894, died April 12, aged 86 of chronic myocarditis.

Oscar L. Rudersdorf, Evanston, who graduated at Bennett College of Eclectic Medicine and Surgery, Chicago, 1912, died June 28, of a heart attack, aged 59. He had been a member of the staff of St. Francis Hospital in Evanston since becoming its first intern in 1912.

William F. Schroeder, Rock Island, who graduated at University of Minnesota Medical School in 1926, died June 10, at the age of 62. He practiced medicine in Jackson, Minnesota, for one year before going to Rock Island. He was a past president of the Rock Island County Medical Society and former chief of staff of St. Anthony's Hospital, Rock Island.

Oscar Theodore Schultz, Evanston, who graduated at Johns Hopkins University School of Medicine, Baltimore, in 1903, died in the Veterans Administration hospital, March 7, aged 69, of acute cholangitis. He was the past president of Illinois Society of Pathologists, member of the American Association of Pathologists and Bacteriologists, and for many years on the staff of Michael Reese Hospital in Chicago and St. Francis Hospital, Evanston.

Charles E. Sharp, Elgin, who graduated at Chicago Homeopathic Medical College in 1895 and Harvey

Medical College, Chicago, in 1900, died in Sherman Hospital, July 29, aged 86. He had practiced medicine in Elgin over 50 years.

J. Carl Steiner, Quincy, who graduated at the University of Illinois College of Medicine in 1907, died July 9, aged 64. He had practiced in Rushville for a time and then returned to Chicago for special study in otolaryngology. Upon completion of his studies, he located in Quincy.

Samuel Joseph Veach, Atwood, who graduated at Barnes Medical College, St. Louis, Missouri, in 1907, died at Jarman Hospital, Tuscola, July 10, of Bright's disease. He was 78 years old. He had practiced in Oklahoma territory, St. Louis and Newman.

Carl Westman, retired, Chicago, who graduated at Bennett Medical College in 1898, died July 2 in his home, aged 78. He was former team physician for the White Sox.

ARMY USES GERMAN HOSPITAL FOR HEPATITIS RESEARCH

One of Hitler's "Youth Through Joy" hospitals which was probably the finest establishment of its kind in the world has been taken over as an American Army research center for study of infectious hepatitis.

This hospital is at Bayreuth in Bavaria. A laboratory for the same study has been set up at the University of Heidelberg.

The causative organism and method of transmission of hepatitis, or jaundice, which first attracted wide attention during the war, thus far have defied detection. It is a malady characterized by fever, nausea and abdominal disturbances — usually accompanied by the yellow color associated with jaundice.

Thus far it has been established that it is due to a filterable virus. The virus itself has not been isolated. It has not been possible to find any experimental animal which is subject to the malady.

The virus is known to be extremely infective, but there is no agreement as to how the disease is spread or as to its incubation period. There is some evidence that the virus is spread from person to person in water. There also is some reason to believe that the disease is much more common than generally supposed and that it often appears, like the better known poliomyelitis, in a sub-clinical form which is not recognized by the victim.

The study in Germany is being carried out under the direction of the Commission of Virus and Rickettsial Disease of the Army Epidemiological Board.

CORRESPONDENCE (Continued)

ten years of news of the latest developments in their professions — the kind of news and analysis contained in this journal.

When you have finished this issue, put it to work by sending it to the SOS (Supplies for Overseas Survivors) Collection of the Joint Distribution Committee, 1539 Troy Avenue, Vanderveer Park, Brooklyn, N. Y. It will be placed in a library in a D.P. camp, child care center, hospital or school, for use by professionals desperately anxious to bring themselves up-to-date on the knowledge forcibly kept from them by the Nazis.

NUTRITIONAL ANEMIA SYMPOSIUM OCT. 16, 17, 18

A symposium on "Nutritional Anemia" will be held in Cincinnati October 16, 17, and 18 under auspices of the College of Medicine of the University of Cincinnati. The symposium was organized and is sponsored by The Robert Gould Research Foundation, Erlanger, Ky.

For information on hotel reservations and for advance registration of attendance, write direct to the Foundation.

GOITER SPECIALISTS TO MEET IN TORONTO

The annual meeting of the American Association for the Study of Goiter will be held in the King Edward Hotel, Toronto, Canada, May 6th, 7th, and 8th, 1948.

The program for the three day meeting will consist of papers dealing with goiter and other diseases of the thyroid gland, dry clinics and demonstrations.



THE need for supplementary amounts of vitamins to maintain essential vitamin balance varies in accordance with the patient's dietary restrictions and habits and such contributing factors as pregnancy, wasting diseases, and the anemias. Prophylaxis is assured by optimal quantities of each of the six water and fat-soluble vitamins contained in one Gelseal 'Multicebrin' (Pan-Vitamins, Lilly). In addition, each Gelseal 'Multicebrin' contains significant amounts of two other important factors, considered to be essential to health, for which optimal requirements have not been definitely established. Two to five Gelseals 'Multicebrin' daily are indicated when multiple vitamins in particularly high potency are desired.

Supplied in packages of 100 and 1,000.

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U. S. A.

GOLD THERAPY in Rheumatoid Arthritis



THE consensus of clinicians who have had considerable experience with aurotherapy is that gold, despite its recognized toxicity, is the most effective agent available for the treatment of active rheumatoid arthritis.

The following statements, quoted from the article entitled, "The Use And Abuse Of Gold Therapy In Rheumatoid Arthritis," by Bernard I. Comroe, M. D. (*J.A.M.A.* **128**:848-851, July 21, 1945), constitute an excellent summary of the present position of gold therapy in arthritis:

1 Gold is of no value in any form of joint disease except rheumatoid arthritis.

2 Gold does not benefit all patients with rheumatoid arthritis.

3 Gold is not the final answer to the treatment of rheumatoid arthritis.

4 Toxic symptoms may appear at any time during this form of therapy.

5 From 10 to 20 per cent or more of patients who have received gold therapy relapse after stopping the drug.

6 Extreme care must be used during gold therapy, and the physician must be familiar with the details of such treatment before undertaking this.

7 Injections of certain gold salts in proper dosage may be followed by subjective and objective evidence of improvement in the majority of selected patients with rheumatoid arthritis.

Literature on request

Trade **MYOCHRYSINE** Mark

Reg. U. S. Pat. Off.

GOLD SODIUM THIOMALATE MERCK

for the treatment of rheumatoid arthritis

MERCK & CO., Inc. RAHWAY, N. J.

Manufacturing Chemists

MERCK

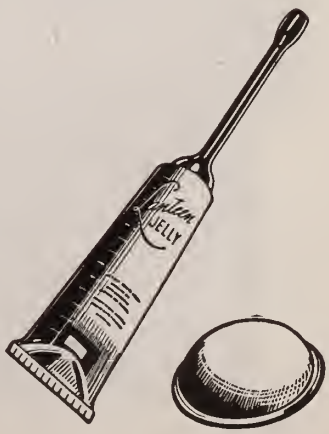


THE LANTEEN DIAPHRAGM is rigid in one plane, therefore easy to place. When largest comfortable size is fitted, if entering rim lodges against cervix, trailing rim cannot be forced into pubic arch.

***Lanteen jelly* has three important advantages:**

1. **Reliable . . . spermicidally effective.**
2. **Tenacious in its viscosity.**
3. **Non-irritating . . . Non-toxic.**

Offered only through the medical profession. Complete package sent physicians on request.



Lanteen

LANTEEN MEDICAL LABORATORIES, INC. • CHICAGO 10

3 CONDITIONS

Constipation—Loose irritating stools—Periods of alternating constipation and loose stools.

3 ADVANTAGES

Zymenol's Twofold Natural Therapy: Brewers yeast enzymatic action helps re-establish physiological bowel content. Natural vitamin B complex tends to normalize bowel tone.

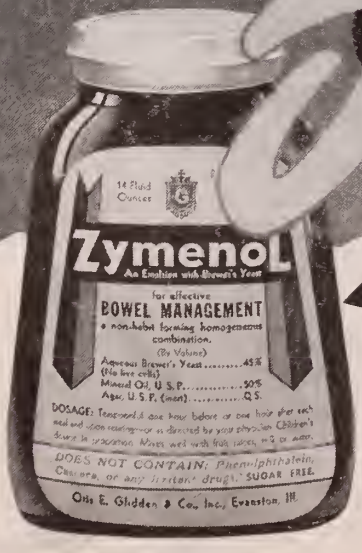
Non Habit-Forming: No irritant or habit-forming drugs. No bulking agents. Even sugar free.

Teaspoon Dosage Only: Minute quantity of mineral oil per dose is not likely to interfere with vitamin absorption or digestion. Avoids leakage.

Available in 14 and 8 oz. prescription units at drug stores everywhere.

Zymenol

For Effective Bowel Management



An Emulsion with Brewers Yeast

MAIL THIS COUPON

Otis E. Glidden & Co., Inc., 518 Davis Street, Evanston, Ill.
Please send literature and trial supply of ZYMENOL.

Dr.....

Address.....

City.....Zone....State.....

OTIS E. GLIDDEN & CO., INC., EVANSTON, ILL.



WHENEVER THE NUTRITIONAL STATE MUST BE IMPROVED

The food drink made by mixing Ovaltine with milk finds frequent application whenever underpar nutrition is encountered. It is equally valuable whether the need for dietary supplementation arises from the ravages of acute infectious disease, from dietary limitations made necessary by surgery, or from faulty food selection over a prolonged period.

This nutritional supplement is delicious in taste, readily digested, and thoroughly bland. It may be taken either hot or cold, as the patient desires, and is appealing to both children and adults. It supplies a wealth of virtually all essential nutrients including ascorbic acid and B complex and other vitamins. Its proteins are biologically complete, a feature of importance in the correction of debility states. Three glassfuls of this delicious food drink daily round out even an average diet to full nutritional adequacy.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



Ovaltine

Three servings daily of Ovaltine, each made of ½ oz. of Ovaltine and 8 oz. of whole milk,* provide:

CALORIES	669	VITAMIN A	3000 I.U.
PROTEIN	32.1 Gm.	VITAMIN B_1	1.16 mg.
FAT	31.5 Gm.	RIBOFLAVIN	2.00 mg.
CARBOHYDRATE	64.8 Gm.	NIACIN	6.8 mg.
CALCIUM	1.12 Gm.	VITAMIN C	30.0 mg
PHOSPHORUS	0.94 Gm.	VITAMIN D	417 I.U.
IRON	12.0 mg.	COPPER	0.50 mg.

*Based on average reported values for milk.

a major American contribution

to oral estrogen therapy

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

White's

DIENESTROL TABLETS

Recent clinical studies [1, 2, 3, 4, 5, 6] show that DIENESTROL administered *at effective dosage levels* exhibits an incidence of side-effects of less than 1%.

Based on the findings of competent investigators, dosages recommended are:

1) Management of Menopausal Syndrome: *For mild to moderately severe symptoms*—initial daily dosage of one or two 0.1 mg. tablets to be gradually increased, if necessary, up to 0.5 mg.

For severe symptoms—initial daily dosage of one 0.5 mg. tablet to be gradually increased, if necessary, to three 0.5 mg. tablets.

2) Suppression of Lactation: Dosage of 0.5 mg. three times daily for the first three days, and 0.5 mg. daily thereafter for one week.

White's DIENESTROL Tablets are Council accepted. Supplied in small coated tablets of 0.1 mg. (white) and 0.5 mg. (red) in bottles of 100 and 1000.

1. Barnes, J.: Brit. M. J., *1*:79 (Jan.) 1944.
2. Sikkema, S. H. and Sevringhaus, E. I.: Am. J. Med., *2*:251 (March) 1947.
3. Finkler, R. S. and Becker, S.: J. A. M. W. A., *1*:152 (Aug.) 1946.
4. Finkler, R. S. and Becker, S.: Am. J. Obst. & Gynec., *53*:513 (March) 1947.
5. Rakoff, A. E., et al: Clinical Evaluation of Dienestrol, A Synthetic Estrogen, Presented at Meeting of Assn. for Study of Int. Secretions, Atlantic City, N. J., June 6-7, 1947.
6. Gordon, E. S.: Value of Dienestrol in the Menopausal Syndrome (Tentative Title) to be published.

WHITE LABORATORIES, INC., Pharmaceutical Manufacturers, Newark 7, N. J.

for more effective

Oral **VITAMIN B COMPLEX THERAPY**

LIPO-HEPLEX

(U. S. VITAMIN)

3 significant Fractions of Liver

AQUEOUS

LIPOID

80% ALCOHOL-INSOLUBLE

. . . combined with

IMPORTANT CRYSTALLINE B VITAMINS

Current laboratory and clinical investigations show that a combination of the aqueous *and* lipoid fractions of liver, providing more complete nutritional therapy, is clinically superior to aqueous extracts alone . . . since certain essential nutritional factors are removed in the preparation of the usual aqueous liver extracts.



Provides in each capsule the vitamin extracts and concentrate (water-soluble, 80% alcohol-insoluble and lipoid fractions) derived from a total of 11.5 grams of liver . . . including folic-acid fractions (L. casei factor [Bc] etc.), biotin, inositol, and other nutritional factors present in the liver fractions. Each capsule contains:

Thiamine HCl (B_1)	2.0 mg.
Riboflavin (B_2)	2.0 mg.
Niacinamide	10.0 mg.
Pyridoxine HCl (B_6)	0.1 mg.
Calcium Pantothenate	3.0 mg.
Choline	10.0 mg.
Inositol	5.0 mg.
Folic-acid fractions	10.0 mcg.

Professional Samples and Literature

U. S. VITAMIN CORPORATION • NEW YORK 17, N. Y.

Gentle

LAXATION WITH FLUID BULK

Sal Hepatica acts gently by simple osmosis, increasing the liquid content of the bowel and diluting fecal residue. Soft fluid pressure evokes peristalsis and evacuation by normal physiologic means.

. . . APERIENT LAXATIVE CATHARTIC

. . . the degree of laxation with this balanced saline may be easily controlled by dosage.



FOR GENTLE SPEEDY RELIEF, PRESCRIBE

Sal Hepatica

Product of BRISTOL-MYERS 19 West 50 Street, New York 20, N. Y.



tomorrow and tomorrow...

Hypertension is rarely a static thing. Indeed, the disease is a progressive one; as the blood pressure remains elevated, an increasing vascular and renal damage is inevitable. Medical control, though it be symptomatic, must therefore be constant.

vertavis*

VERTAVIS provides a striking advantage in treatment; the product may be given over prolonged periods of time, with little development of tolerance or toxic cumulations. VERTAVIS is constant in action, affecting a substantial, but gradual fall in pressure in over 80 per cent of the cases, usually in the third week of treatment, with minimum side reactions. As the blood pressure declines, hypertensive symtoms are usually relieved promptly. VERTAVIS should be given continuously without interruption. Dosage should be individualized.

Literature available on request.

*Whole-Powdered Veratrum Viride, Bioassayed (Irwin-Neisler). Each tablet contains 10 CRAW UNITS. Bottles of 100, 500, 1000.

IRWIN, NEISLER & COMPANY 61st YEAR Irwin DECATUR, ILLINOIS

Now available for more comprehensive, more certain protection against deficiencies of every clinically established vitamin factor, in infants, growing children, pregnant and lactating women, and all patients threatened with vitamin inadequacy:

new. . . Zymadrops*



A new 8 vitamin concentrate for drop dosage supplementation, Zymadrops provide in 0.6 cc.:

Vitamin A	5000 U. S. P. units
Vitamin D-3	1000 U. S. P. units
Thiamine Hydrochloride	1.0 mg.
Riboflavin	1.0 mg.
Pyridoxine Hydrochloride	0.5 mg.
Calcium Pantothenate	3.0 mg.
Nicotinamide	10.0 mg.
Ascorbic Acid	30.0 mg.

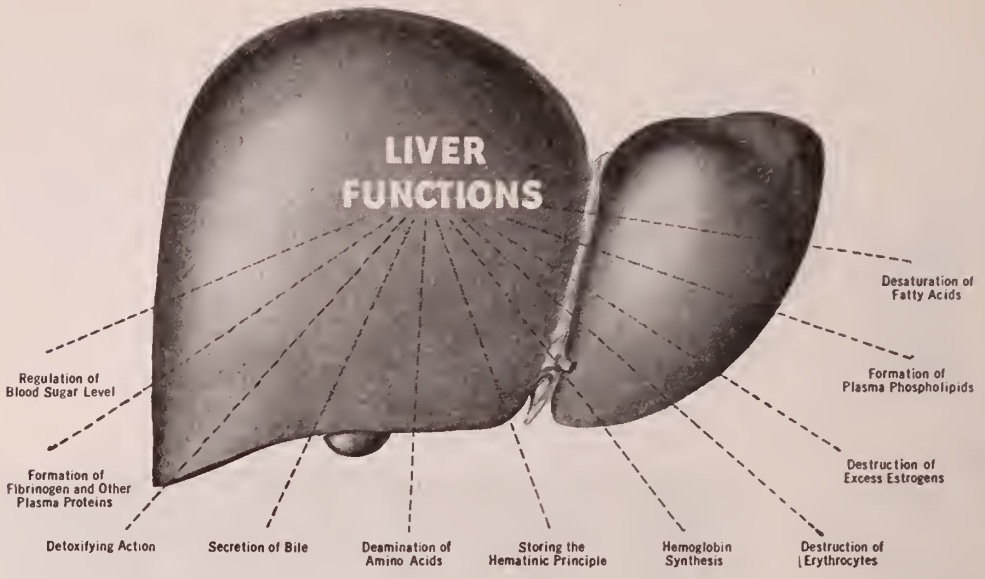
*Trademark

While assuring more complete and comprehensive protection, Zymadrops eliminate the need of separate administration of the A and D vitamins, ascorbic acid, and the B complex factors. For convenience of administration, they may be placed directly upon the tongue, or added to formula, fruit juice, solid, or semi-solid foods.

Zymadrops

Available in 30 cc. bottles, with graduated dropper marked to indicate 0.3 cc. and 0.6 cc.

Upjohn
KALAMAZOO MICHIGAN
FINE PHARMACEUTICALS SINCE 1886



To Guard the Functional Integrity of the LIVER

The complex nature of the manifold functions of the liver is reflected in the diagram shown above. To maintain its functions in an efficient manner, the liver must be adequately protected against toxic influences. Parenchymatous damage with ensuing decreased functional capacity can lead to severe metabolic derangements.

Protein deficiency is an important factor in precipitating impaired liver function. Hence an adequate intake of biologically complete protein, ordinarily in the form of protein foods, is indispensable as a safeguard of liver competency.

Among man's protein foods, meat ranks high not only because of its generous content of protein, but also because its protein is complete, capable of satisfying all protein requirements. Furthermore, all meat is 96 to 98 per cent digestible.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

AMERICAN MEAT INSTITUTE

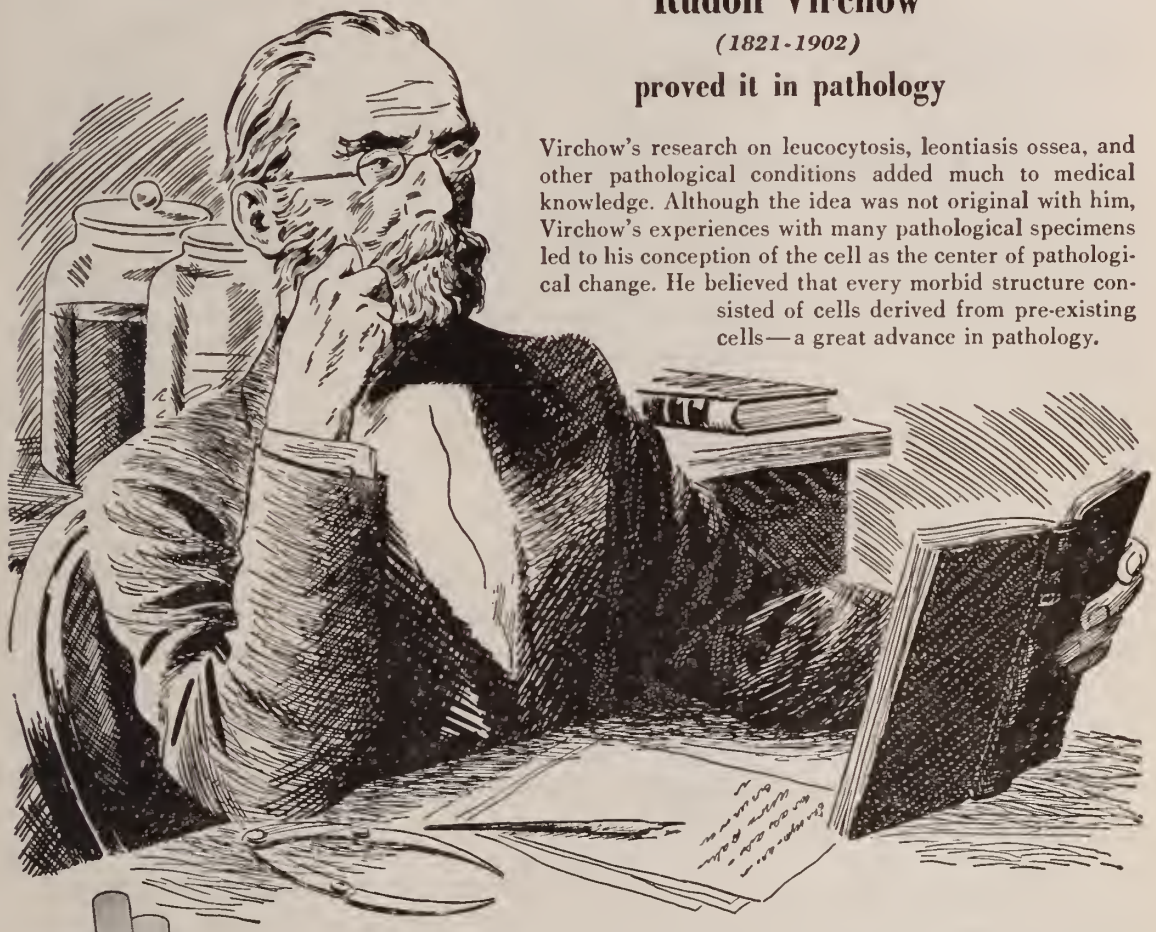
MAIN OFFICE, CHICAGO . . . MEMBERS THROUGHOUT THE UNITED STATES

Experience is the Best Teacher

Rudolf Virchow

(1821-1902)

proved it in pathology



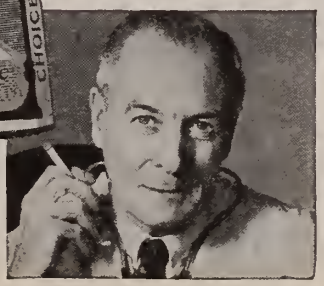
Virchow's research on leucocytosis, leontiasis ossea, and other pathological conditions added much to medical knowledge. Although the idea was not original with him, Virchow's experiences with many pathological specimens led to his conception of the cell as the center of pathological change. He believed that every morbid structure consisted of cells derived from pre-existing cells—a great advance in pathology.



Yes, and experience is the best teacher in smoking too!

EXPERIENCE during the wartime shortage taught smokers the differences in cigarette quality. Millions of people smoked more different brands then than they would normally have tried in years. More smokers came to prefer Camels as a result of that experience, so that today more people are smoking Camels than ever before.

But, no matter how great the demand, we don't tamper with Camel quality. Only choice tobaccos, properly aged, and blended in the time-honored Camel way, are used in Camels.



According to a recent Nationwide survey:

MORE DOCTORS SMOKE CAMELS

than any other cigarette

R. J. Reynolds Tobacco Co.
Winston-Salem, N. C.

Candy and the Cephalic Phase of Digestion



That the pleasant sense of satiety and satisfaction which follows a good meal is conducive to trouble-free digestion has been repeatedly experienced by everyone. The psychic influence of the sight and taste of attractive food upon the secretion of the digestive juices and upon gastrointestinal motility is probably the basis for this observation. A meal which ends with a piece or two of candy is usually regarded as a satisfying meal. In this manner candy can rob even an ordinary meal of its drabness. Children look forward to this treat at the end of their meals; this very anticipation encourages them to eat their other foods more eagerly. And few indeed are the adults who do not enjoy a sweet after lunch or dinner.

Candies are made with many wholesome and nutritionally valuable foods—milk, butter, eggs, fruits, and nuts. To the extent these foods are present, candies provide valuable protein, minerals, and B complex vitamins. Readily utilized caloric food energy is also supplied by candies.

COUNCIL ON CANDY OF THE NATIONAL CONFECTIONERS' ASSOCIATION

1 NORTH LA SALLE STREET • CHICAGO 2, ILLINOIS

one way
to control
a cough
is
to stop
the coughing





Coughing is often the cause of a vicious circle. The first cough irritates the trachea or larynx, and thus excites the nerve endings. Recurrent cough impulses cause further irritation and still more severe coughing.

Inhaled through the MOUTH, the vapor* from Eskay's Oralator—by local action on nerve endings—arrests the cough impulse where it originates. Thus it gives the patient relief, breaks the vicious circle, and hastens recovery.

Your patients will be grateful to you for prescribing this effective, outstandingly convenient oral inhaler.

Smith, Kline & French Laboratories, Philadelphia.

*(*The active ingredient in Eskay's Oralator is the sympathomimetic compound 2-amino-6-methylheptane, S. K. F.)*





A revolutionary advance in the treatment of cough

Eskay's Oralator

A few inhalations by mouth control cough quickly

N...by mouth
with palatable, whole protein
SHARP & DOHME
'delcos'
granules



...USED BY OVER
50,000
WEARERS

These thousands are proof of the satisfaction given by Hanger Artificial Limbs. Produced by long-established companies, the limb is a well-tried product, and the wearer is assured of proper service after purchase.

High quality materials, sturdy construction, and experienced workmanship make a dependable limb natural in appearance, graceful in action, and general in utility. Proper fit by an experienced Hanger man ensures the utmost comfort.

The reputation and prestige of Hanger Limbs have been established in daily use for over 85 years. Today more people wear Hanger Artificial Limbs than those of any other make.

HANGER ARTIFICIAL LIMBS
527-529 S. Wells St., Chicago 7, Illinois
1912-14 Olive Street, St. Louis 3, Missouri

now!
palatable, whole protein
SHARP & DOHME
'delcos'
granules

Prevent
INFECTION
with
MERCUROCHROME
(H. W. & D. Brand of merbromin, dibrom-oxymercuri-fluorescein-sodium)

ACCEPTED AMERICAL MEDICAL ASSN



Extensive use of the Surgical Solution of Mercurochrome has demonstrated its value in preoperative skin disinfection. Among the many advantages of this solution are:

Solvents which permit the antiseptic to reach bacteria protected by fatty secretions or epithelial debris.

Clear definition of treated areas. Rapid drying.

Ease and economy of preparing stock solutions.

Solutions keep indefinitely.

The Surgical Solution may be prepared in the hospital or purchased ready to use.

Mercurochrome is also supplied in Aqueous Solution, Powder and Tablets.

HYNSON, WESTCOTT & DUNNING, INC.
Baltimore 1, Maryland

G-E X-RAY PROUDLY ANNOUNCES

THE NEWEST ADDITION TO THE FAMILY

The G-E Prescription Model Ultraviolet Lamp offering you all the famous G-E X-Ray quality and service in a new low cost ultraviolet lamp.

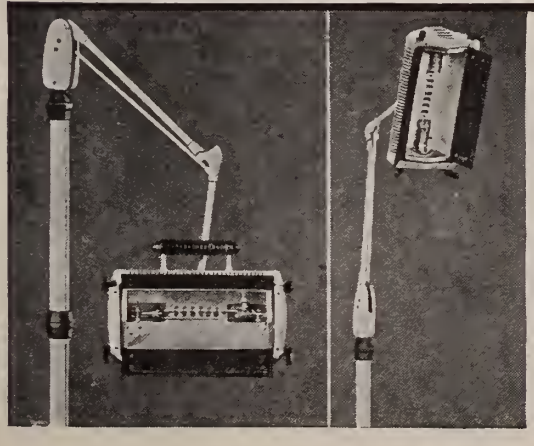


This new, economically priced lamp features the famous G-E Uviarc high pressure mercury quartz burner—economical to operate and with emission characteristics covering the full range of therapeutic ultraviolet. Long familiar to users of G-E professional type lamps, the Uviarc burner emits intense, uniform radiation throughout the spectral bands of proven clinical value.

The compact, sturdily constructed burner housing is mounted on the Dazor Floating Arm. Fabulously flexible and almost human, this remarkable arm with its fingertip control makes the positioning of the lamp amazingly swift and simple. Raise, lower, swing the burner housing through an arc; it freezes in position wherever you stop it—and it stays there too until you move it again. Nothing to tighten, no time consuming adjustments. This revolutionary feature facilitates rapid positioning of the lamp and offers a wide selection of treatment distances.

Plan now to offer your patients the benefits of ultraviolet the year-round with the G-E Prescription Model Ultraviolet Lamp. Clip and mail the convenient coupon today to: Dept. 2667, General Electric X-Ray Corporation, 175 West Jackson Boulevard, Chicago 4, Illinois.

GENERAL ELECTRIC X-RAY CORPORATION



Please send me detailed information on your new Prescription Ultraviolet Lamp.

Name_____

Address_____

City_____

State or Province_____

2667



DO YOU KNOW WHAT THESE SYMBOLS STAND FOR?

Rexall

DRUGS

REXALL FOR RELIABILITY

For centuries the owl has symbolized great knowledge and superior wisdom. "Wise as an owl" was a quip of Caesar's time. The canny bird was sacred to Minerva, Roman goddess of learning and of science. The natural assumption was that the owl acquired wisdom from his patroness.

For many years, the familiar Rexall symbol has denoted excellent standards of pharmaceutical science. From coast to coast more than 10,000 selected, independent pharmacies display this sign. It assures you that fine, laboratory-tested Rexall drug products and skilled pharmacists are at your service.

REXALL DRUG COMPANY

LOS ANGELES, CALIFORNIA

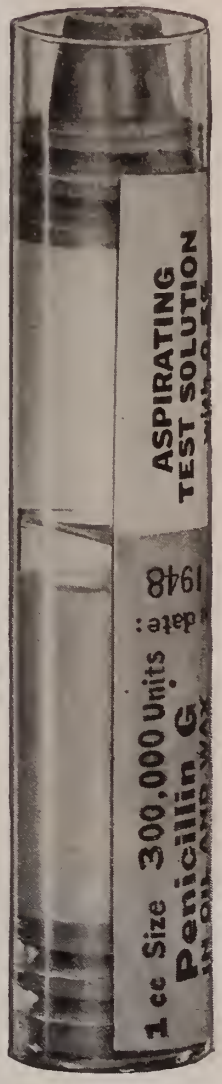
PHARMACEUTICAL CHEMISTS FOR MORE THAN 44 YEARS

New plastic cartridge

for

CRYSTALLINE PENICILLIN G SODIUM SQUIBB

in Oil and Wax



300,000 units in 1 cc. double-cell *plastic* cartridges for B-D* Disposable Syringes or in B-D* permanent syringes.

*T. M. Reg. Becton, Dickinson & Co.

You get these advantages with Squibb's New Double-Cell *Plastic* Cartridges for B-D* disposable or permanent syringes:

- New *Plastic* Cartridges minimize breakage hazards
- Sterile Aspirating Test Solution guards against accidental intravenous injection
- Crystalline Penicillin G Sodium Squibb in Oil and Wax at room temperature requires no heating
- Improved lubrication of stoppers further decreases breakage—speeds injections

CRYSTALLINE PENICILLIN G SODIUM

SQUIBB IN OIL AND WAX

NOW comes in the new *plastic* double-cell cartridge which minimizes breakage hazards.

One cell of the double-cell cartridge contains 300,000 units of crystalline penicillin G sodium in refined peanut oil and 4.8% bleached beeswax (Romansky formula). The other cell contains Sterile Aspirating Test Solution. Therapeutic serum concentration levels are maintained for 24 hours with one or two injections. In overwhelming infections, the dose may be doubled but the frequency need not be. Ambulatory treatment is practical for many diseases formerly requiring hospitalization.

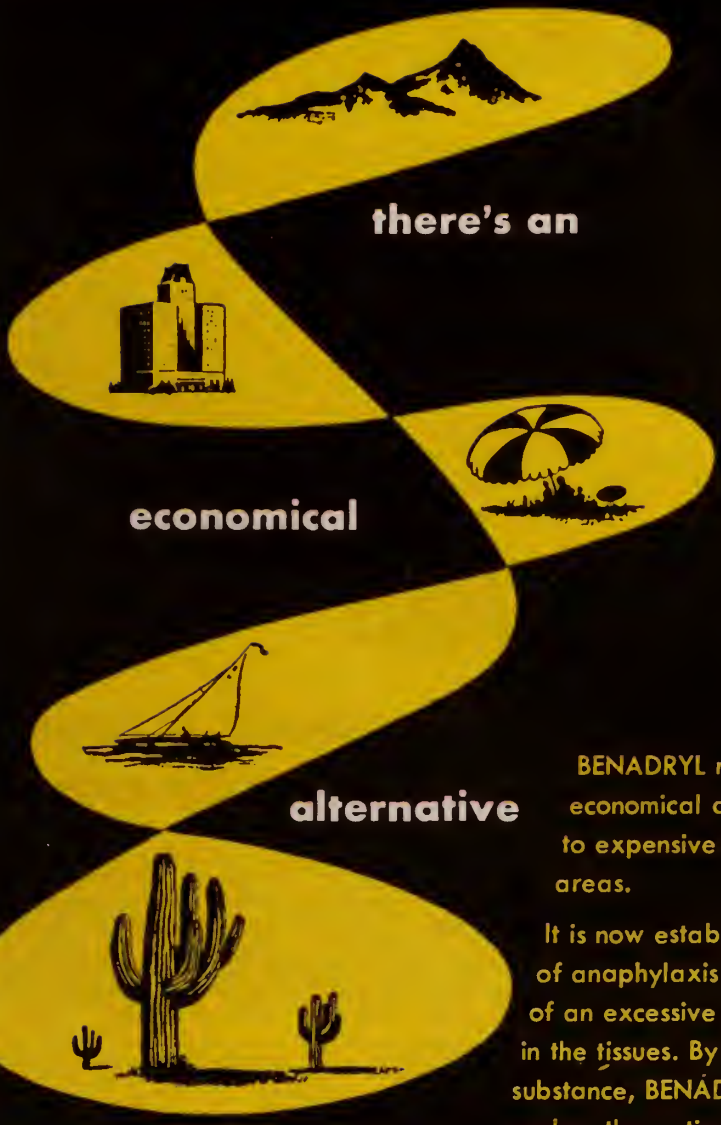
For real convenience in administering penicillin in the home, office or emergencies try Crystalline Penicillin G Sodium Squibb in Oil and Wax in the new *plastic* double-cell cartridge.



CALMITOL

Thos. Leeming & Co., Inc.

155 EAST 44TH STREET, NEW YORK 17, N. Y.



BENADRYL may frequently afford an economical alternative to long journeys to expensive resorts in "pollen-free" areas.

It is now established that the symptoms of anaphylaxis are usually the result of an excessive amount of histamine in the tissues. By antagonizing this substance, BENADRYL frequently renders the patient free of the symptoms of allergy. From 25 to 50 mg. are usually sufficient to produce relief.

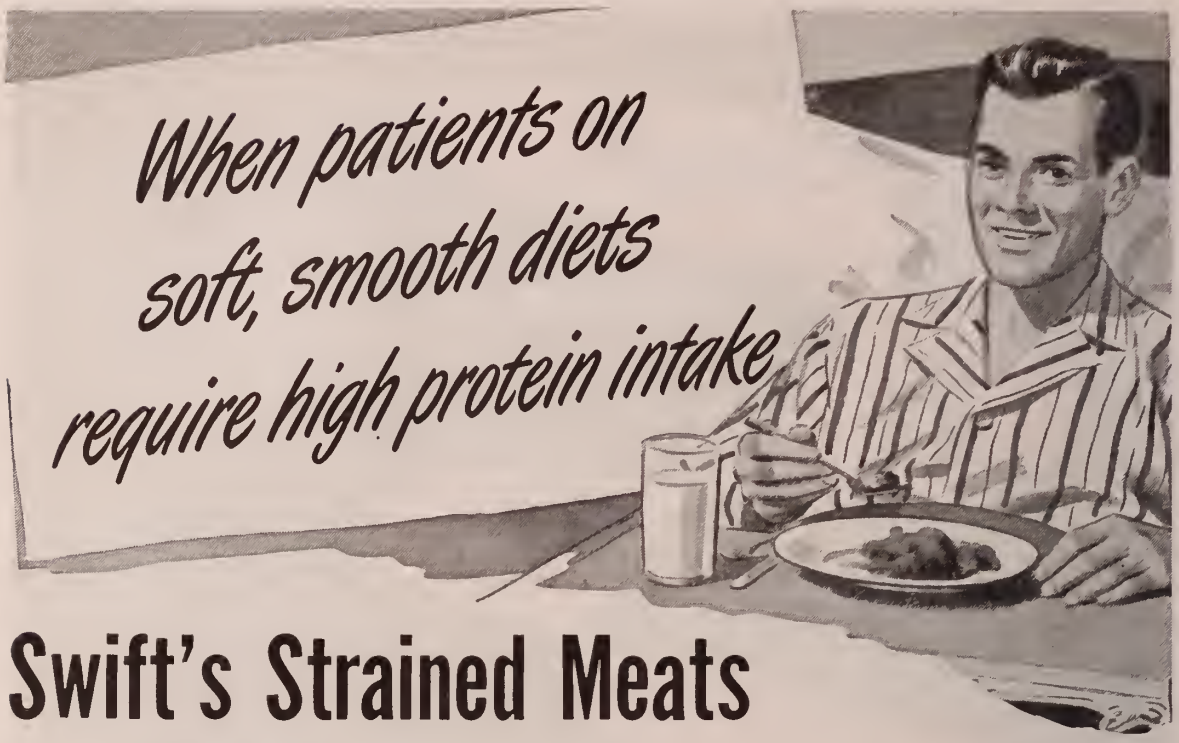
BENADRYL (diphenhydramine hydrochloride) is available in Kapseals® of 50 mg. each, in capsules of 25 mg. each, and as a palatable elixir containing 10 mg. in each teaspoonful.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Benadryl® hydrochloride

PARKE, DAVIS & COMPANY, DETROIT 32, MICHIGAN

MEDICAMENTA VERA PD & Co.



Swift's Strained Meats



specially prepared—offer an appetizing, natural source of complete, high-quality proteins

Many doctors now recommend Swift's Strained Meats for patients on soft, smooth diets where a high-protein intake is required. These specially prepared meats provide a highly palatable source of biologically complete proteins, B vitamins and minerals in a form desirable for a soft oral diet. Swift's Strained Meats may easily be used in tube-feeding, too—the minute particles of meat are so fine.

Tempting variety of 6 different kinds

The wholesome meat flavors in Swift's Strained Meats are readily accepted by most patients—even when appetite is impaired. The variety includes: beef, lamb, pork, veal, liver and heart. Prepared with expert care from selected, lean U. S. Government Inspected Meats, Swift's Strained Meats are carefully trimmed to reduce fat content to a minimum. Each tin of Swift's Strained Meats contains three and one-half ounces.

All nutritional statements made in this advertisement are accepted by the Council on Foods and Nutrition of the American Medical Association.

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

Also . . . Swift's Diced Meats

Those tender cubes of juicy, lean meat are highly desirable for patients who can eat meat in a form more nearly like that of ordinarily prepared meats. Swift's Diced Meats are soft and may easily be mashed to the desired consistency. Six kinds: beef, lamb, pork, veal, liver and heart. Five ounces per tin.

We will be happy to send you complete information and complimentary samples of Swift's Strained and Swift's Diced Meats. Please write Swift & Company, Dept. B. F., Chicago 9, Illinois.

SWIFT QUALITY FOODS

SWIFT & COMPANY • CHICAGO 9, ILLINOIS



Pyribenzamine

High-concentration Elixir Pyribenzamine hydrochloride now provides a second administration form of this proved antihistaminic. Containing 20 mg. of Pyribenzamine hydrochloride per 4 cc. (teaspoonful), the Elixir has obvious advantages in special cases, notably in infants and children, and in adults who prefer liquid medication.

Scored tablets of Pyribenzamine also facilitate small dosage when indicated—the 50 mg. tablets are easily broken to provide 25 mg. doses.

Council Accepted. PYRIBENZAMINE hydrochloride ® (brand of tripelennamine hydrochloride)

CIBA

PHARMACEUTICAL PRODUCTS, INC., SUMMIT, N. J.

Octin - *for Relief of Smooth Muscle Spasm*

Octin is an antispasmodic with both neurotropic and musculotropic action indicated for the treatment of smooth muscle spasm, particularly in spastic conditions of the genitourinary and gastrointestinal tracts. It acts promptly and the relaxation usually lasts three to five hours.



DOSE: Orally, one tablet (2 grains Octin mucate) every three to five hours.

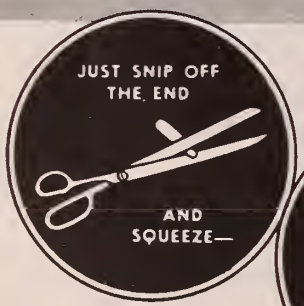
Intramuscularly, ½ to 1 cc. (1 cc. ampule, 0.1 Gm., Octin HCl.) every three to four hours.

Octin, methylisooctenylamine, Trade Mark Bilhuber.

Bilhuber-Knoll Corp. Orange, N. J.

A METHOD FOR SIMPLE ADMINISTERING VITAMINS TO INFANTS AND CHILDREN

with a dispersing agent insuring miscibility









VITACLIPS
NION

Accurate Dosage
Easy to use

FORMULA

Vitamin A	5000 U.S.P. Units
Vitamin D	1000 U.S.P. Units
Thiamine HCl	1 Milligram
Riboflavin	2 Milligrams
Niacinamide	5 Milligrams
Ascorbic Acid	30 Milligrams

SUPPLIED—*Bottles of 30's and 100's*



NION CORPORATION NION **LOS ANGELES 38, CALIFORNIA**

Formulac—

a modern

infant food



FORMULAC Infant Food is a concentrated milk in liquid form, fortified with all vitamins known to be necessary to adequate infant nutrition. No supplementary vitamin administration is required.

By incorporating the vitamins into the milk itself, the risk of human error or oversight is reduced. FORMULAC contains sufficient B complex, Vitamin C in stabilized form, Vitamin D (800 U.S.P. units), copper, manganese and easily assimilated ferric lactate—rendering it a flexible formula basis both for normal and difficult feeding cases. The only carbohydrate in FORMULAC is the natural lactose found in cow's milk. *No carbohydrate has been added.*

FORMULAC, a product of National Dairy research, has been tested clinically, and proved satisfactory. It is promoted to the medical profession alone. FORMULAC is on sale at grocery and drug stores nationally.

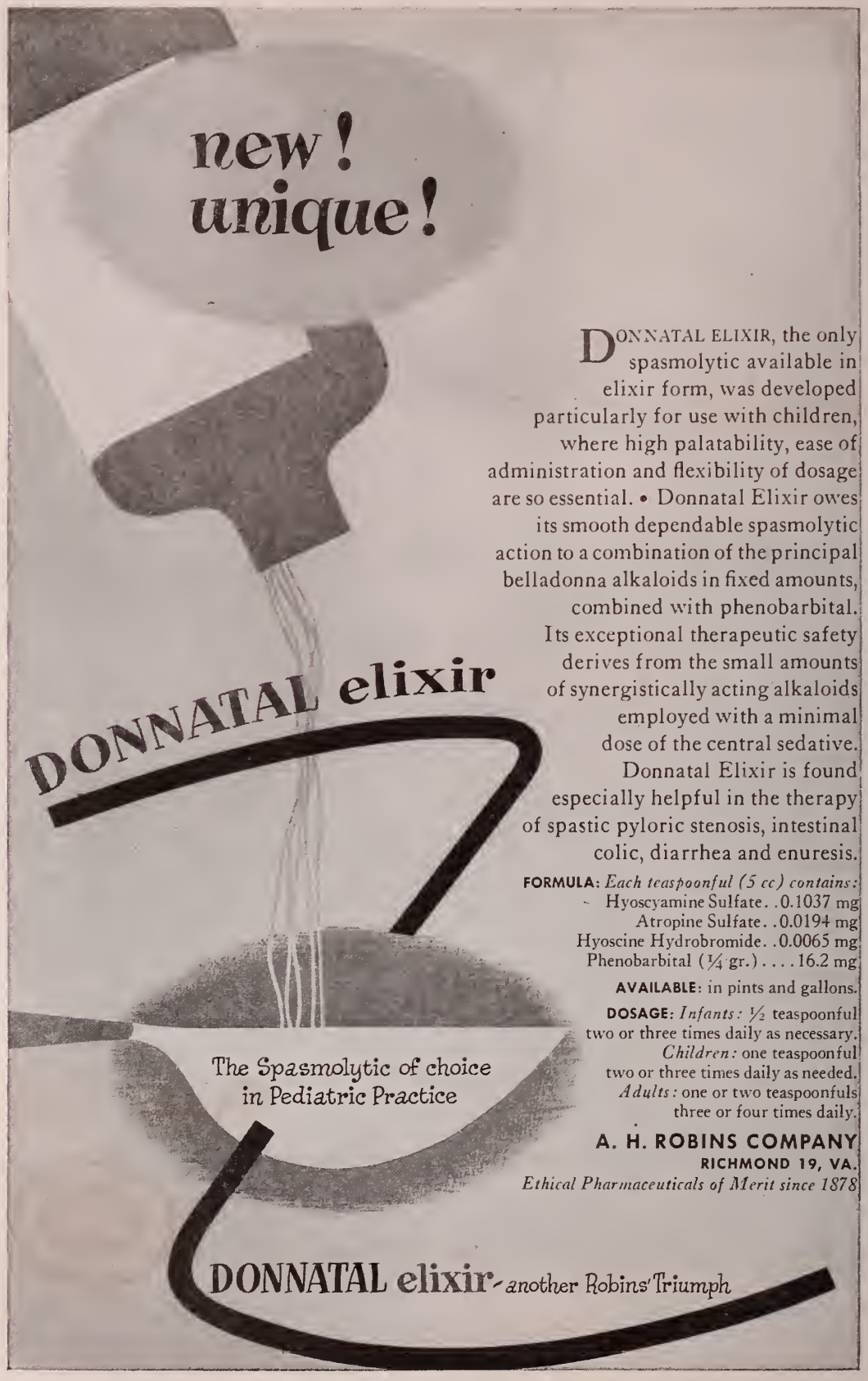
Distributed by **KRAFT FOODS COMPANY**

NATIONAL DAIRY PRODUCTS COMPANY, INC.

NEW YORK, N.Y.

• For further information about FORMULAC, and for professional samples, mail a card to National Dairy Products Company, Inc., 230 Park Avenue, New York 17, N. Y.





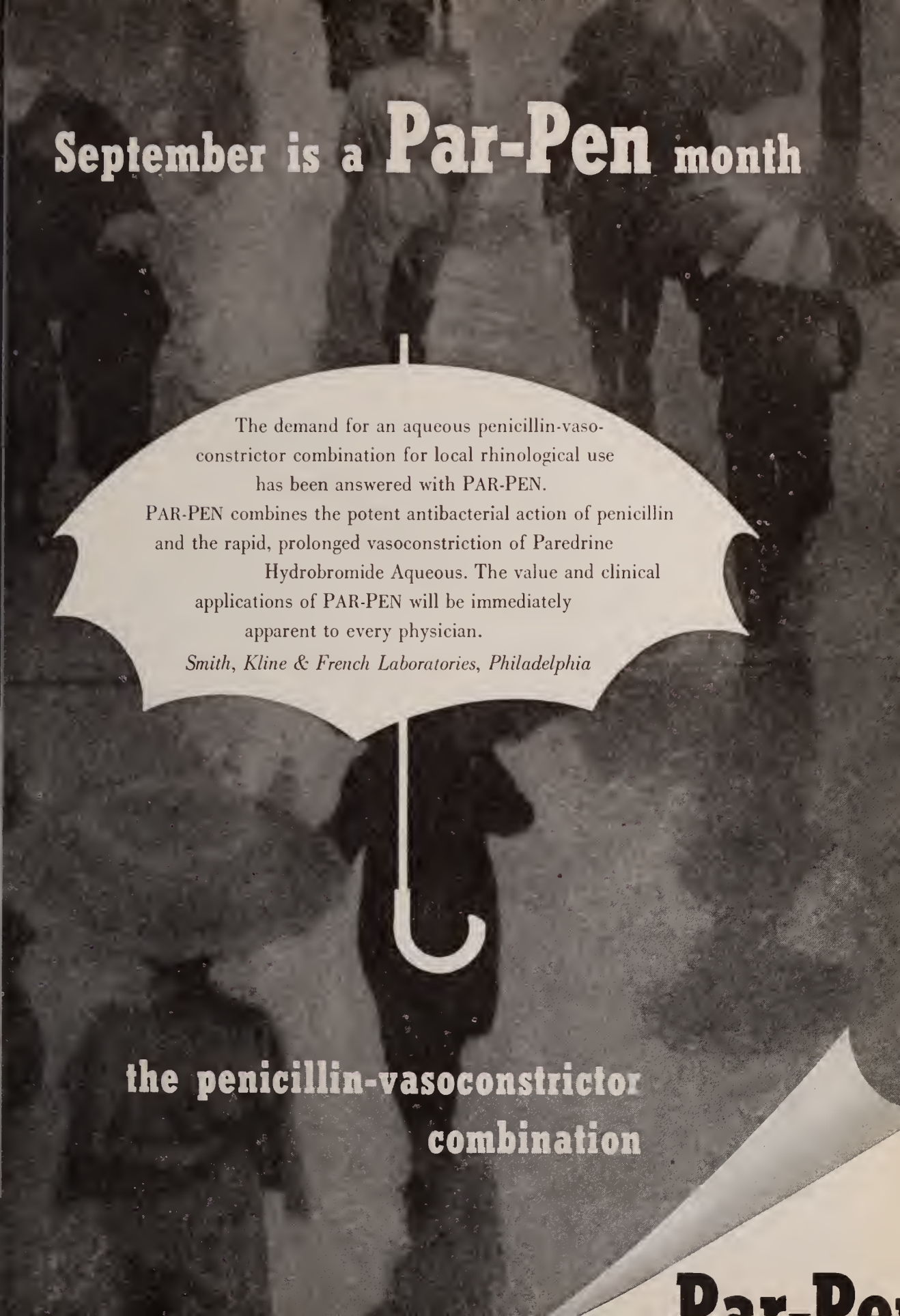
DONNATAL ELIXIR, the only spasmolytic available in elixir form, was developed particularly for use with children, where high palatability, ease of administration and flexibility of dosage are so essential. • Donnatal Elixir owes its smooth dependable spasmolytic action to a combination of the principal belladonna alkaloids in fixed amounts, combined with phenobarbital. Its exceptional therapeutic safety derives from the small amounts of synergistically acting alkaloids employed with a minimal dose of the central sedative. Donnatal Elixir is found especially helpful in the therapy of spastic pyloric stenosis, intestinal colic, diarrhea and enuresis.

FORMULA: *Each teaspoonful (5 cc) contains:*
Hyoscyamine Sulfate. .0.1037 mg
Atropine Sulfate. .0.0194 mg
Hyoscine Hydrobromide. .0.0065 mg
Phenobarbital (¼ gr.) 16.2 mg

AVAILABLE: in pints and gallons.

DOSAGE: *Infants:* ½ teaspoonful two or three times daily as necessary. *Children:* one teaspoonful two or three times daily as needed. *Adults:* one or two teaspoonfuls three or four times daily.

A. H. ROBINS COMPANY
RICHMOND 19, VA.
Ethical Pharmaceuticals of Merit since 1878


September is a Par-Pen month
The demand for an aqueous penicillin-vaso-constrictor combination for local rhinological use has been answered with PAR-PEN.
PAR-PEN combines the potent antibacterial action of penicillin and the rapid, prolonged vasoconstriction of Paredrine Hydrobromide Aqueous. The value and clinical applications of PAR-PEN will be immediately apparent to every physician.
Smith, Kline & French Laboratories, Philadelphia
the penicillin-vasoconstrictor combination

Your Advertisers

This is an index of those who serve the Medical Profession and support your Journal. All advertisers are approved by your Journal Committee. It will help you to mention your Journal when writing them.

BODY SUPPORTS

J. E. Hanger, Inc., Chicago 5 56

EDUCATION AND INSTRUCTION

American College of Allergists, Cincinnati, Ohio 35
Robert Gould Research Foundation, Erlanger, Kentucky .. 37
Washington University, St. Louis 10, Mo. 74

EQUIPMENT

General Electric X-Ray Corp., 2012 W. Jackson Blvd., Chicago 57
Picker X-Ray, New York 10, N. Y. 16

FOODS

American Meat Institute, Chicago, Illinois 52
Borden Company, 350 Madison Ave., New York 22
Knox Gelatin Laboratories, Johnston, N. Y. 69
Libby, McNeil & Libby, Chicago 9 26
Mead Johnson & Co., Evansville, Ind. .. Inside Back Cover
National Confectioners' Assn., Chicago 2, Illinois 54
National Dairy Products, New York, N. Y. 65
Wander Company, 360 N. Michigan Ave., Chicago 45

FINANCIAL AND INSURANCE

Medical Protective Co., Fort Wayne, Ind. 21
Physicians Casualty Co., Omaha, Neb. 71

PHARMACEUTICALS

Abbott Laboratories, North Chicago, Illinois 31
Ar-Ex Cosmetics Inc., 6 N. Michigan Ave., Chicago 2 Ill. 74
Ayerst, McKenna & Harrison Ltd., New York 16 17
Bilhuber Knoll Corp., Orange, N. J. 64
Borcherdt Malt Extract Co., Chicago 12, Ill. 74
Bristol Laboratories, Inc., Syracuse 1, N. Y. 15
Bristol-Meyers Co., New York 49
Ciba Company, Summit, N. J. 3, 29, 63
C. B. Fleet Co., Inc., Lynchburg, Va. 25
Forbes, Laboratories, Inc., Elgin, Illinois 10
Otis E. Glidden & Co., Evanston 44
Gold Pharmacal Co., New York 73
Hoffman-LaRoche, Inc., Nutley, N. J. 11
Hynson Westcott & Dunning, Charles and Chase Sts., Baltimore 56
International Pharmaceutical Corp., Boston 16 34
International Vitamin Corp., 50 E. 42nd St., New York City 38
Irwin, Neisler & Co., Decatur, Ill. 50
H. W. Kinney & Sons, Inc., Columbus, Ind. 32
Lanteen Medical Laboratories, Chicago 10 43
Thos. Leeming Co., 155 E. 44th St., New York 17 60
Lily, Eli & Co., Indianapolis, Ind. 39, 40, 41
McNeil Laboratories, Inc., Philadelphia, Pa. 30
Merck & Co., Rahway, N. J. 42
Morris, Philip & Co., 119 Fifth Ave., New York 24
Nion Corporation, Los Angeles 38, Calif. 64
Num Specialty Co., Pittsburgh, Pa. 68
Parke, Davis & Co., Detroit, Mich. 4, 5, 61
Rexall Drug Co., Los Angeles, Calif 58
Reynolds & Co., R. J., Winston-Salem, N. C. 53
A. H. Robins, Richmond 19, Va. 66
Roche-Organon, Inc., Nutley, N. J. 33
Schering Corp., Bloomfield, N. J. 23
Schmid, Julius, Inc., 423 W. 55th St., New York City .. 18
G. D. Searle & Co., P. O. Box 5100, Chicago Insde Front Cover
Sharp & Dohme, 11 Canal St., Chicago 9, 56, 68, 70, 71, 72, 73, 74
Smith, Kline & French, Philadelphia 8, 27, 36, 55, 67
E. R. Squibb & Co. 59
Frederick Stearns & Co., Detroit, Mich. 13
Swift & Co., Chicago 62
Upjohn Co., Kalamazoo, Mich. 51
U. S. Vitamin Corp., New York 17, N. Y. 48
Wm. R. Warner & Co., 113 W. 18th St., New York ... 12
Whittaker Laboratories, Inc., New York City 37
White Laboratories, Inc. 6, 7, 19, 20, 46, 47
Winthrop Chemical Co., 70 Varick St., New York 28
Wyeth Incorporated 14
Zemmer Co., Pittsburgh, Pa. 74

SANATORIA AND SANITARIA

Costeff Sanatorium, Peoria, Ill. 72
Edward Sanatorium, Naperville, Ill. 70
Mitchell Farm, Peoria 70
Milwaukee Sanitarium, Wauwatosa, Wis. Back Cover
Norbury Sanatorium, Jacksonville, Ill. 71
North Shore Health Resort, Winnetka 72
Mary E. Pogue School, Wheaton, Ill. 73
Stokes Sanitarium, Louisville, Ky. 74

RADIUM

Central X-Ray & Clinical Laboratory, 58 E. Washington, Chicago 71
Physicians Radium Assn., 55 E. Washington St., Chicago 73





How to make *Special Diet* patients happy!

For the Peptic Ulcer, Colitis or Diabetic patient the diet is special and, usually, rigid

HOWEVER, with Knox Gelatine it is easy to prepare dishes within the limits of the prescribed diet that make the patient happy. From a psychological as well as a health standpoint, this is extremely important.

Pure, unflavored Knox Gelatine can be used in the widest variety of different salads, desserts, main dishes...many of them made with real fruits or vegetables, flavored with their good, natural juices.

Knox Gelatine, unlike flavored gelatine dessert powders which are 7/8 sugar, artificially flavored and acidified, is all protein and contains no sugar.

If you wish free diets and recipes, write to Knox Gelatine, Dept. 183, Johnstown, N. Y.



NERVOUS and MENTAL DISEASE

FOR MILD CASES *FOR SEVERE CASES*

MICHELL FARM — MICHELL SANATORIUM

Licensed by State of Illinois

George W. Michell, M.D., Medical Director

INFORMATION ON REQUEST

106 North Glen Oak Ave., Ph. 3-5179, Peoria, Ill.

Chicago Office:

46 East Ohio Street . . . Phone Delaware 6770



Book Reviews

OCCUPATIONAL DISEASES OF THE SKIN. By Louis Schwartz, M.D., Medical Director, United States Public Health Service Chief, Dermatoses Section; Associated Clinical Professor of Dermatology and Syphilology, New York University. Louis Tulipan, M.D., Clinical Professor of Dermatology and Syphilology, New York University, College of Medicine, New York City, and Samuel Peck, B.S., M.D., Dermatologist, Mt. Sinai Hospital, New York City, Second edition, thoroughly revised, published 1947. Octavo, 964 pages, illustrated with 146 engravings and a colored plate. Cloth, $12.50. Lea & Febiger Philadelphia 6, Pa.

This book of 964 pages is a veritable encyclopedia of skin reactions to various external irritants and conditions found in industry. While the book would probably not be serviceable as a text book due to the fact that so many of the resulting dermatoses are closely related and make too detailed a picture to be retained by anyone, the use of the book as a reference book is highly desirable.

The indexes in the front take the various reactions chapter by chapter, indicating a very careful organization of the material. Taking first the general classification of occupational dermatoses, the possibility of malingering, the methods of treatment and some possible suggestions as to prevention, gives a good entree into the work of this nature. The authors then continue with those irritants caused by various mechanical, chemical and contact irritants, and then give in marked detail a large exposition of the various industries, such as fabric dyeing, those dermatoses produced by wearing apparel, by the use of cosmetics, and in the manufacture of various industrial products.

There is also a very interesting chapter and a much needed exposition of occupational diseases of the nails. The index is concluded by a chapter on skin hazards in 114 occupations and the medical legal aspects of such dermatoses and a list of chemicals which are known to be skin irritants.

The bibliography has the most complete list of sources of information and makes possible, where fur-

for structure
growth and repair . . .
palatable protein SHARP & DOHME
'delcos'
granules

Edward Sanatorium

NAPERVILLE, ILLINOIS
(30 miles west of Chicago)
Est. 1907 by Dr. Theodore B. Sachs

FOR THE TREATMENT OF TUBERCULOSIS

Jerome R. Head, M.D.—Chief of Staff
Ideally situated — beautiful landscaped surroundings — modern buildings and equipment
A-A rating by Illinois Department of Health
Full approval of the American College of Surgeons
Active Institutional member of the American Hospital Association
For detailed information apply to—

Business Office at the Sanatorium

Telephone
Naperville 450

The NORBURY SANATORIUM

JACKSONVILLE, ILLINOIS — INCORPORATED and LICENSED

For the Treatment of Nervous and Mental Disorders

DR. ALBERT H. DOLLEAR, Superintendent
DR. FRANK GARM NORBURY, Medical Director
DR. SAMUEL N. CLARK, Physician
DR. HENRY A. DOLLEAR, Associate Physician
DR. FREDERICK A. CAUSEY, Associate Physician in Residence

Address Communications — THE NORBURY SANATORIUM, Jacksonville, Illinois

easily digested
well tolerated
palatable protein
SHARP & DOHME
'delcos'
granules

ther details are desired, that the reader may refer to the original articles or the texts from which obtained. At the back of the book is an index of 27 pages alphabetically arranged and very complete so that if the person wishes to refer to any individual subject he may find the material from that source.

The only criticism I would feel that was pertinent to this volume was the illustrations, many of which appear to be retouched but a large percentage of the others fail to show the characteristics of the diseases in question. I think that the illustrations are far below the quality of the rest of the volume. H.M.H.

ADVANCES IN PEDIATRICS, Volume 2, 1947. Edited by S. Z. Levine, M.D., Cornell University Medical College, New York, N.Y., Allan M. Butler, M.D., Harvard Medical School, Boston, Mass., L. Emmett Holt,

Radium Rental
Prompt Service

Deep X-Ray & Radium Therapy

Central X-Ray & Clinical Laboratory

Fred F. Schwartz, M.D., Director.

58 E. Washington St., Dear. 6960

CHICAGO, ILL.

ACCIDENT - HOSPITAL - SICKNESS

INSURANCE

FOR PHYSICIANS, SURGEONS, DENTISTS EXCLUSIVELY

ALL PREMIUMS COME FROM — PHYSICIANS SURGEONS DENTISTS — ALL CLAIMS GO TO

$5,000.00 accidental death $25 weekly indemnity, accident and sicknes	**$8.00** Quarterly
$10,000.00 accidental death $50 weekly indemnity, accident and sickness	**$16.00** Quarterly
$15,000.00 accidental death $75 weekly indemnity, accident and sickness	**$24.00** Quarterly
$20,000.00 accidental death $100 weekly indemnity, accident and sickness	**$32.00** Quarterly

ALSO HOSPITAL EXPENSE FOR MEMBERS WIVES AND CHILDREN

86c out of each $1.00 gross income used for members' benefit

$3,000,000.00 INVESTED ASSETS — **$14,500,000.00 PAID FOR CLAIMS**

$200,000.00 deposited with State of Nebraska for protection of our members.

Disability need not be incurred in line of duty—benefits from the beginning day of disability

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

45 years under the same management
400 First National Bank Building — OMAHA 2, NEBRASKA

for resistance!
immunity is a protein phenomenon
SHARP & DOHME
'delcos'
granules



NORTH SHORE HEALTH RESORT
WINNETKA, ILLINOIS
on the Shores of Lake Michigan
A completely equipped sanitarium for the care of
nervous and mental disorders, alcoholism and drug addiction
offering all forms of treatment, including electric shock
Samuel Liebman, M.S., M.D.
Medical Director
FULLY APPROVED BY THE AMERICAN COLLEGE OF SURGEONS
225 Sheridan Road Phone Winnetka 211

BOOK REVIEWS (Continued)

Jr., M.D., New York University, College of Medicine, New York, N.Y., and A. Ashley Weech, M.D., University of Cincinnati, College of Medicine, Cincinnati, Ohio. 409 pages. Interscience Publishers, Inc., New York 3, N.Y. $6.75.

The second volume of this annual publication presents eleven monographs about subjects of current interest in pediatrics. No attempt is made to cover the entire field of pediatrics, but each article reviews its subject comprehensively and authoritatively. The articles are timely and scholarly. The editors are four professors of pediatrics at various universities throughout the country, and the contributors are recognized authorities in their own fields. The subjects include the etiology of congenital malformations with special attention to rubella; a recently recognized clinical entity called acute infectious lymphocytosis; the role of fluorine in the prevention and treatment of dental caries; the treatment of the purulent meningitides; chemotherapy with penicillin, sulfonamides, streptomycin and tyrothryoin; atypical pneumonia in children and adults; the relation of endocrine factors to growth; the discovery of a virus as the cause of epidemic diarrhea and stomatitis of the newborn; the physiology of prematurity; the genesis of physiologic hyperbilirubinemia; and the prevention of recurrences of rheumatic fever with sulfonamides, penicillin and active immunization.

A publication of this type is judged on the choice of subjects, manner of presentation and selection of authors. In this book, the subjects are of timely interest both to pediatrist and practitioner, and are comprehensively reviewed by authors who are authorities in their fields. Each monograph is a complete review in itself. The book is well indexed and the bibliography is extensive. It is recommended for any practitioner who has a special interest in pediatrics. J.C.S.

Books Received

The following books have been received for reviewing, and are herewith acknowledged. This listing should be considered as a sufficient return for the courtesy of the sender. Books that appear to be of unusual interest will be reviewed as space permits each month. Readers desiring additional information relative to books listed, may write the Editor who will gladly furnish same promptly.

DISEASES TRANSMITTED FROM ANIMALS TO MAN: By Thomas G. Hull, Ph.D., Director, The Scientific Exhibit, American Medical Association. Charles C. Thomas, Publisher. Springfield, Illinois, 1947. Price $10.50.

A MANUAL OF FRACTURES AND DISLOCATIONS: By Barbara Bartlett Stimson, A.B., M.D., Med. Sc.D., F.A.C.S., Assistant Professor of Clinical Orthopedic Surgery, College of Physicians and Surgeons, Columbia University, New York City; Associate Attending

COSTEFF SANITARIUM
Mental and Nervous Disorders
Alcoholism and Drug Addiction
- **SHOCK TREATMENT** (Insulin, Metrazol Electro-shock) administered in suitable cases
- **ARTIFICIAL FEVER THERAPY**

Home like environment, individual attention. MODERATE RATES.
Licensed by the State of Illinois
HARRY COSTEFF, M. D., Medical Director
1109 NO. MADISON AVE., PEORIA, ILL.
Phone 4-0156 Literature on request.

per os. ad lib.
palatable
whole protein
SHARP & DOHME
'delcos'
granules

in whooping cough

ELIXIR BROMAURATE

IS A UNIQUE REMEDY OF UNIQUE MERIT

Cuts short the period of illness and relieves the distressing spasmodic cough. Also valuable in Bronchitis and Bronchial Asthma.

In four-ounce original bottles. A teaspoonful every 3 to 4 hours.

Prescribed by Thousands of Doctors

GOLD PHARMACAL CO. NEW YORK CITY

patients accept whole protein day after day

SHARP & DOHME

'delcos' granules

Surgeon, Presbyterian Hospital and Vanderbilt Clinic, New York City. Second Edition, Thoroughly Revised. Illustrated With 98 Engravings. Lea & Febiger, Philadelphia, 1947. Price $3.25.

ADVANCES IN INTERNAL MEDICINE: Editors: William Dock, M.D., Long Island College of Medicine, Brooklyn, N. Y., I. Snapper, M.D., The Mount Sinai Hospital, New York, N. Y. Volume II, 1947. Interscience Publishers, Inc., New York and London. Price $9.50.

CONCISE ANATOMY: By Linden F. Edwards, Ph.D., Professor of Anatomy, The Ohio State University, Columbus, Ohio. 324 Illustrations. The Blakiston Company, Philadelphia and Toronto, 1947. Price $5.50.

Radium Rental Service

By

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

●

The Physicians Radium Association

Room 1307—55 East Washington St., Pittsfield Bldg., CHICAGO 2, ILL.

Telephones: Central 2268-2269

Wm. L. Brown, M.D., Director

Wm. L. Brown, Jr., M.D., Associate



THE MARY POGUE SCHOOL

Complete facilities for training retarded and epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

Recreational facilities include riding, group games, selected movies under competent supervision.

Separate buildings for boys and girls under 24 hour supervision of skilled personnel.

Catalogue on request.

G. H. Marquardt, M.D. *Medical Director*

Barclay J. MacGregor *Registrar*

33 GENEVA ROAD, WHEATON, ILLINOIS

(near Chicago)

Zemmer PHARMACEUTICALS

ATHLETE'S FOOT

OINTMENT TINEASOL
(Night Treatment)
Composition: Acid Benzoic, Acid Salicylic, Chlorothymol, Benzocaine, and Zinc Oxide. Supplied in 1 oz. and ½ oz. collapsible tubes, also 1 lb. jars.

PULVIS THI-OXIQUIN
(Day Treatment)
Composition: Sodium Thiosulfate, Oxyquinoline Sulfate, Thymol and Acid Boric. Supplied in ¾ oz. puffer tubes.

Literature and prices supplied on request.
Chemists To The Medical Profession and Drug Trade. IL9-47
THE ZEMMER COMPANY, Pittsburgh 13, Pa.

BORCHERDT MALT SOUP EXTRACT
EST. 1868



for Constipated Babies
Borcherdt's Malt Soup Extract is a laxative modifier of milk. One or two teaspoonfuls in a single feeding produce a marked change in the stool. Council Accepted. Send for sample.



BORCHERDT MALT EXTRACT COMPANY, 217 N. Wolcott Ave., Chicago 12, Ill.

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our ALCOHOLIC treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquor withdrawn gradually, no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The DRUG treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101

The average American, according to the Bureau of Medical Economic Research of the American Medical Association, spends $3 more per year on cosmetics and personal care than for the services of physicians.

palatable!
because it's whole protein
SHARP & DOHME
'delcos'
granules

Classified Ads

RATES FOR CLASSIFIED ADVERTISEMENTS—For 30 words or less: 1 insertion, $3.00; 3 insertions, $8.00; 6 insertions, $14.00; 12 insertions, $24.00; from 30 to 50 words: 1 insertion, $4.00; 3 insertions, $10.50; 6 insertions, $20.00; 12 insertions, $30.00. Extra words: 1 insertion, 10c each; 3 insertions, 25c each; 6 insertions, 40c each; 12 insertions, 50c each. A fee of 25c is charged for those advertisers who have answers sent care of the Journal. Cash in advance must accompany copy.

FOR SALE: Cheap. Good practice, near hospital, in corn-belt. Population 1800. Factory employing 250. Rent office, house if desired. Little to buy. Write Box 131, Ill. Med. Jl., 30 N. Michigan, Chicago 2.

WANTED: Psychiatrists for Illinois Mental Hospitals. Salary $4740-$7920. Requirements: Graduation from Class A Medical School, Illinois licensure or qualifications for same. Maintenance available. Illinois Department of Public Welfare, 160 North LaSalle Street, Chicago 1, Illinois.

WANTED: For Illinois Institutions. Physicians, Public Health Physicians, Tuberculosis Control Physicians, Pathologists. Salaries — $4080-$6960. Requirements — Graduation from a Class A Medical School, Illinois licensure or qualifications for same. Maintenance available. Illinois Department of Public Welfare, 160 North LaSalle Street, Chicago 1, Illinois.

WANTED: Residents and Fellows. Rotating Residencies and Fellowships in Psychiatry and Neurology acceptable for certification by American Board, available in approved Illinois Mental Hospitals. Salary: 1st year — $2400-$3240, 2nd year — $2760-$3480, 3rd year — $4080-$4800. Requirements: Graduation from a Class A Medical School, Illinois licensure or qualifications for same. Maintenance available. Illinois Department of Public Welfare, 160 North LaSalle Street, Chicago 1, Illinois.

FOR SALE: 30 years of established dermatological practice in Chicago and vicinity complete with equipment and entire records of thousand of patients. Only $1,000.00. Write Wm. R. Semerak, 333 N. Michigan Ave., Chicago 1. 12/47

THE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE
DIVISION OF POSTGRADUATE STUDY
Announces a
REVIEW OF RECENT ADVANCES IN CLINICAL PATHOLOGY
DESIGNED FOR LABORATORY TECHNICIANS
November 17 and 18, 1947 — Tuition $15.00
For more detailed information write to Director, Division of Postgraduate Studies
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE
Saint Louis 10, Missouri

EYELID DERMATITIS
Frequent symptom of nail lacquer allergy



New AR-EX HYPO-ALLERGENIC NAIL POLISH
In clinical tests proved SAFE for 98% of women who could wear no other polish used.
At last, a nail polish for your allergic patients. In 7 lustrous shades. Send for clinical resume.
EXCLUSIVELY BY AR-EX Cosmetics



AR-EX COSMETICS, INC. 1036 W. VAN BUREN ST., CHICAGO 7, ILL.

1000 cc. flasks
500 cc. flasks
125 cc. flasks
for hospitals.



COUNCIL-ACCEPTED
AMIGEN
for parenteral administration of amino acids

The function of Amigen and Protolysate is to supply the amino acids essential for nutrition. Both can be given in place of protein when protein cannot be eaten or digested, or in addition to protein when the protein intake is insufficient. Administered in adequate amounts, they prevent wastage of protein, restore previous losses, or build up new body protein.

COUNCIL-ACCEPTED
PROTOLYSATE
for oral and tube feeding of amino acids

Like Amigen, Protolysate is an enzymic digest of casein and consists of amino acids and polypeptides. Like Amigen, Protolysate supplies the nitrogen essential for maintenance, repair and growth.

Unlike Amigen, which may be employed both orally and parenterally, Protolysate is designed only for oral use.



1 lb. cans at drug stores

MEAD JOHNSON & CO., EVANSVILLE 21, INDIANA

There is no shortage now of AMIGEN for parenteral use. There is no shortage now of PROTOLYSATE for oral use.

Academy of Medicine
2 E 103 St
New York N Y
Exch



COLONIAL HALL
One of the 14 Units in "Cottage Plan"

FOR NERVOUS DISORDERS

MAINTAINING the highest standards for more than a half century, the Milwaukee Sanitarium stands for all that is best in the care and treatment of nervous disorders. Photographs and particulars sent on request.

Josef A. Kindwall, M. D.
Carroll W. Osgood, M. D.
William T. Kradwell, M. D.
Benjamin A. Ruskin, M. D.
Lewis Danziger, M. D.
Russell C. Morrison, M. D.
E. Madison Paine, M. D.
H. Gladys Spear, M. D.
Arthur J. Patek, M. D.

G. H. Schroeder
Business Manager

MILWAUKEE SANITARIUM

WAUWATOSA—WISCONSIN

MS

PHYSICIAN'S CHICAGO OFFICE—1117 Marshall Field Annex—Wednesdays, 1-3 P.M.—Central 1162

Give Now
To Your Community Chest

The ILLINOIS Medical Journal

LIBRARY

VOL. 92 NO. 4

October, 1947

In This Issue

The Pathological Anatomy of Diabetes Mellitus

Methacrylic Resin Implant for Sunken Upper Lid Following Enucleation

Tularemia in Illinois

(See page 33 for complete Table of Contents)

OFFICIAL JOURNAL OF THE ILLINOIS STATE MEDICAL SOCIETY

CONDITION

Various dyspepsias of chronic gallbladder disease.

THERAPY

Unconjugated ketocholanic acids (Ketochol), antispasmodics, generous diet of uncooked fats.

RESULTS

46.5% complete relief, 46.5% partial relief, 7.9% no relief.

AUTHOR

DeLor, C. J.; Means, J. W.; Shinowara, G. J., and Reinhart, H. L.: Rev. Gastroenterol. *8*:48 (Jan.-Feb.) 1941.

CONDITION

Noncalculous cholecystitis; gallstone patients (poor surgical risks); cholelithiasis without previous colic.

THERAPY

Ketochol, bland diet with uncooked fats, antispasmodics.

RESULTS

Satisfactory response to the medical regimen.

AUTHOR

Dolkart, R. E.: Illinois M. J. *87*:43 (Jan.) 1945.

CONDITION

Biliary constipation.

THERAPY

Ketochol.

RESULTS

Prompt return of stools to normal size, immediate subsidence of other distressing symptoms.

AUTHOR

Gauss, H.: Am. J. Digest. Dis. *12*:224 (July) 1945.

KETOCHOL: *Efficient hydrocholeretic*

PAVATRINE: *Smooth muscle antispasmodic*

Ketochol and Povatrine are the registered trademarks of G. D. Searle & Co., Chicago 80, Illinois

SEARLE *Research in the Service of Medicine*

Entered as Second-Class Matter July 21, 1919, at the Post Office, Oak Park, Illinois, under the Act of March 8, 1879. Acceptance for mailing at special rate of postage provided for in section 1102, Act of October 8, 1917, authorized July 15, 1918. Office of Publication, 715 Lake Street, Oak Park, Ill.

Whole proteins are not only more palatable and more smoothly assimilated than protein hydrolysates, they are biologically more efficient.*
'DELCOS' Protein-Carbohydrate Granules provide highest quality whole proteins, *casein* and *lactalbumin*, protected by carbohydrate, 30%, and palatable, even in large, prolonged dosage.
Protein replacement usually requires 100-200 Gm. daily, for several weeks.
The best route is by mouth, for any patient who can swallow.
Infusion hazards are avoided; more complete nutrition is provided.*
'DELCOS' Granules are exceptionally palatable, mix easily with food, are not affected by cooking, and are 20% more effective biologically than beefsteak.
When oral protein is indicated, supplement a high nitrogen diet with 'DELCOS' Granules, the protein patients accept, dose after dose, day after day.

*J.A.M.A. 131:826, 1946

whole protein

100% palatable digestible efficient

SHARP & DOHME

'delcos'

protein-carbohydrate granules

Supplied in 1-lb. and 5-lb. wide-mouthed jars.

Sharp & Dohme, Philadelphia 1, Pa.



FACTS ABOUT Ramses TRADEMARK REG. U.S. PAT. OFF. VAGINAL JELLY

- Immobilizes sperm in the fastest time recognized under the Brown and Gamble measurement technique;
- Does not liquefy at body temperature nor separate on standing . . . not unduly lubricating;
- Maintains an occlusive film over the cervix uteri for as long as 10 hours after coitus as confirmed by direct-color photography;
- Nonirritating and nontoxic, therefore suitable for continuous use.

For the optimum protection which can be furnished by a vaginal jelly—"RAMSES"* Vaginal Jelly can be specified with the confidence that no better product is available. Active ingredients: Dodecaethyleneglycol Monolaurate 5%; Boric Acid 1%; Alcohol 5%.

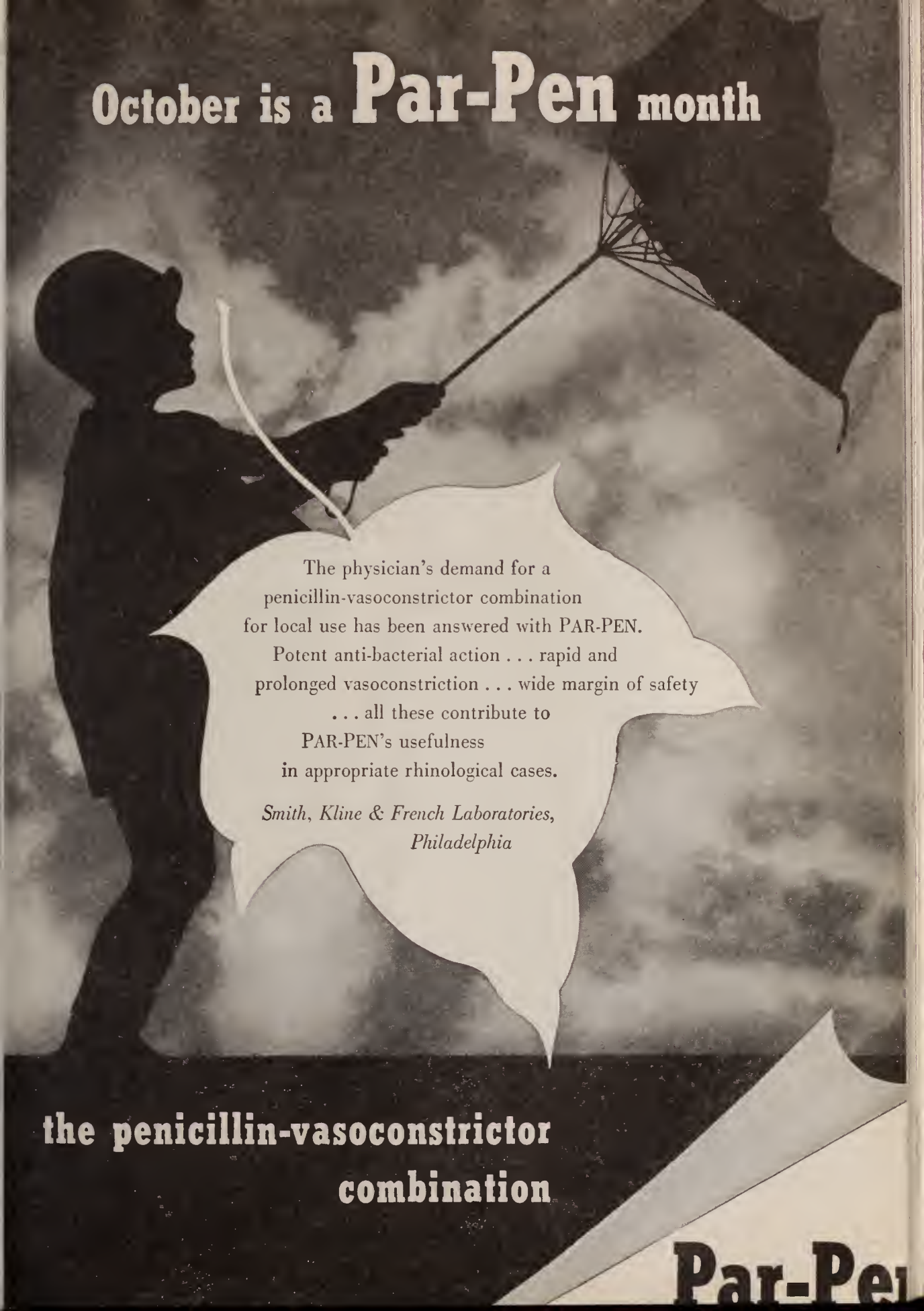
gynecological division

JULIUS SCHMID, INC., 423 W. 55th St., New York 19, N. Y.

quality first since 1883

*The word "RAMSES" is a registered trademark of Julius Schmid, Inc.




October is a Par-Pen month
The physician's demand for a
penicillin-vasoconstrictor combination
for local use has been answered with PAR-PEN.
Potent anti-bacterial action . . . rapid and
prolonged vasoconstriction . . . wide margin of safety
. . . all these contribute to
PAR-PEN's usefulness
in appropriate rhinological cases.
Smith, Kline & French Laboratories,
Philadelphia
the penicillin-vasoconstrictor
combination
Par-Pe

SYMBOLS OF SIGNIFICANCE

A freer life--a fuller life

DILANTIN SODIUM



Every epileptic seizure takes its toll—psychically and somatically. Mental deterioration, extreme emotional instability and physical decline are generally the ultimate fate of the untreated.

DILANTIN SODIUM KAPSEALS, by effective anti-convulsant action with comparatively little hypnotic effect, help grant the epileptic a happier life—freer from attacks and from the *fear* of attacks.

DILANTIN SODIUM KAPSEALS are one of a long line of Parke-Davis preparations whose service to the profession created a dependable symbol of significance in medical therapeutics–MEDICAMENTA VERA.

DILANTIN SODIUM KAPSEALS
(diphenylhydantoin sodium), containing 0.03 gm. (1/2 grain) and 0.1 gm. (1-1/2 grains), are supplied in bottles of 100 and 1000.
Individual dosage is determined by the response of the patient.



PARKE, DAVIS & COMPANY • DETROIT 32, MICHIGAN



HIGHLY ACTIVE VITAMIN K COMPOUND

Since newborn infants "show a decrease in prothrombin . . . from the second to the fifth day of life,"[1] the administration of vitamin K "has a definite place in the prevention of neonatal hemorrhage."[1] A single dose of Synkayvite 'Roche', the *water-soluble,* stable, non-toxic vitamin K-compound, "will not only raise the prothrombin time to about normal in one day but will also prevent the fall in prothrombin during the first week."[2] Many obstetricians have therefore adopted the use of Synkayvite* as a routine measure in all deliveries. Available in 5-mg tablets and 5-mg and 10-mg ampuls.

Hoffmann-La Roche Inc • Roche Park • Nutley 10 • New Jersey

*Reg. U. S. Pat. Off. Synkayvite is the tetrosodium salt of the diphosphoric ocid ester of 2-methyl-1,4-naphthohydroquinone. 1. A. Webster and J. E. Fitzgerold, *S. Clin. North America,* 23:85, 1943. 2. H. Dam, *J.-Lancet,* 63:353, 1943.

Synkayvite 'Roche'



Although prompt in its initial action, Butisol Sodium has not the fleeting, intensified effect of the short-acting barbiturates. Its action has been described as "intermediate." With proper regulation of dosage there is no cumulative action (is destroyed in the body) and a minimum of "hang-over." Butisol Sodium is a valuable sedative for:

DAYTIME SEDATION . . . NEUROSES . . . INSOMNIA
RELIEF OF PREOPERATIVE APPREHENSION
OBSTETRICAL HYPNOSIS . . . MENOPAUSAL HYSTERIA

DOSAGE FORMS: Elixir Butisol Sodium, 0.2 Gm. (3 gr.) per fl. oz.—in pints. Also Capsules, 0.1 Gm. (1½ gr.) and Tablets, 15 mg. (¼ gr.) and 50 mg. (¾ gr.)—Bottles of 100, 500 and 1,000. Caution: Use only as directed.

Elixir BUTISOL SODIUM

Bright, green color and inviting flavor appeal to all patients; excellent prescription vehicle. Clinical samples available on request.



McNEIL

LABORATORIES, INC. • PHILADELPHIA 32, PA.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

PYRIBENZAMINE hydrochloride ®
(brand of tripelennamine hydrochloride)



OSBORNE, JORDON & RAUSCH: Archives of Dermatology & Syphilology, March 1947

CLINICAL USE OF A NEW ANTIHISTAMINIC COMPOUND (PYRIBENZAMINE) IN CERTAIN CUTANEOUS DISORDERS

ACUTE URTICARIA: "Twenty-three of the 24 patients obtained prompt and definite relief of symptoms . . . Nineteen of the 24 patients were improved 50 per cent within twenty-four hours and free of urticaria in less than ten days." The dosage utilized was 100 to 400 mg. per day, taken for two to fourteen days.

CHRONIC URTICARIA: Nine of 15 patients were definitely benefited. "One patient had had urticaria for four months and took 200 mg. of Pyribenzamine daily for fourteen days; the symptoms completely disappeared within forty-eight hours and have not recurred." Six of the nine patients who were improved suffered recurrence when the drug was discontinued. They were again relieved when the drug was resumed.

CHRONIC ATOPIC DERMATITIS: Nineteen of 30 patients "received definite relief of pruritus to the extent of at least 50 per cent. Three of the nineteen experienced relief of pruritus within twenty-four hours. The remaining 16 patients were decidedly improved within a two-week interval." Since practically all the scratching occurs at night, the dosage schedule consisted of 100 mg. before retiring repeated once if the patient awakened. In addition, 50 mg. were given two or three times during the day.

Not only in hay fever . . .

but also in the many cutaneous manifestations of allergy Pyribenzamine hydrochloride (N.N.R.) often provides prompt symptomatic relief.



Outstanding advantages

Pyribenzamine can be tolerated in larger doses when needed, with relative infrequency of side effects—an important advantage in antihistaminic therapy.

ISSUED: Tablets of 50 mg., bottles of 50 and 500. Elixir, 20 mg. per 4 cc. (teaspoonful), bottles of one pint.

Literature and reprints are available on request.

PYRIBENZAMINE

CIBA PHARMACEUTICAL PRODUCTS, INC., SUMMIT, N. J.



Honor student . . . dietary dub!

In matters scholastic and extra-curricular, she's the outstanding student of the year. In the department of dietary logic, she consistently rates a flunk minus—and doesn't care. Some day, she says, there'll be more time for regular, balanced meals. But that day never comes. And so her little snacks begin a lifelong habit which eventually places her in the same class with the reducing "experts," the food faddists, the heavy smokers, the sedentary worker and all the others who contribute to the common incidence of subclinical vitamin deficiency. For such cases—in addition to dietary reform—many physicians are prescribing a reliable vitamin supplement. More and more often, it's the vitamin product which offers four important advantages —Dayamin capsules. *First*, Dayamin is a true multiple product providing six essential vitamins as well as pyridoxine and pantothenic acid. *Secondly*, all six vitamins are supplied in amounts which make Dayamin suitable either as a supplement or, in slightly larger doses, as a therapeutic agent. *Thirdly*, Dayamin capsules, despite their broad vitamin content and potencies, are small and easy to take. *Finally*, Dayamin is a product of known dependability and potency, always readily available through prescription pharmacies—in bottles of 30, 100 or 250 capsules.

Dayamin®

Abbott's Multiple Vitamins

Abbott

ABBOTT LABORATORIES • NORTH CHICAGO, ILLINOIS



The First Experimental Physiology

For Both Medicine and Dentistry, the value of the first truly scientific dissections by Galen, the Greek who lived in Rome (130-200 A.D.), was equaled only by the scientific *method* propounded 600 years earlier by Hippocrates.

Working only with pigs and apes (but urging his students to be on the alert for human bones protruding from graveyards), Galen was first to recognize the different kinds of nerves, most muscles, the brain as the center of the nervous system and the fact that arteries, containing blood rather than air, were *somehow* connected with the veins (1500 years before Harvey).

A new concept of the doctor's legal liability was evolving then, too. Before, malpractice had been punishable only as a crime. But, under the *Lex Aquilia*, damages could be assessed. Malpractice had become a civil, as well as a criminal, offense.

There Are Few Who Experiment Today with the risks of unprotected practice. Most doctors enjoy the Medical Protective policy's *complete* coverage, *preventive* counsel and *confidential* service.

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA

Professional Protection EXCLUSIVELY . . . *since 1899*

CHICAGO: T. J. Hoehn, E. M. Breier, W. R. Clouston, and Robert B. Johnson, Representatives, 1142-44 Marshall Field Annex Bldg., Tel. State 0990—SPRINGFIELD: F. A. Seeman, Representative, 307 Illinois National Bank Bldg., Tel. 7915



"No . . . he doesn't spit them out!"

The well developed tactile sense of the infant's tongue readily recognizes large or coarse food particles, and quickly leads to their rejection. Through an exclusive process of homogenization, the largest particle left in Libby's Baby Foods is of microscopic size. Cell capsules are ruptured, making for absolute smoothness of texture and complete absence of grittiness. Nutrients are homogeneously dispersed, enhancing availability. In Libby's Baby Foods fluid separation is never observed, further evidence of the advantages of homogenization.

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

Beets • Carrots • Green Beans • Peas • Spinach • Squash • Vegetable Soup • Mixed Vegetables • Garden Vegetables • Liver Soup • Vegetables with Bacon • Vegetables with Beef and Barley • Vegetables with Lamb • Apples and Apricots • Apples and Prunes • Apple Sauce • Peaches • Peaches-Pears-Apricots • Pears and Pineapple • Prunes (with Pineapple Juice and Lemon Juice) • Custard Pudding

Libby, McNeill & Libby • Chicago 9, Illinois





famous Team

Teamed to work together for symptomatic relief of colds and sinusitis, two time-proved therapeutic agents are chemically combined in Neo-Synephrine Sulfathiazolate. Neo-Synephrine clears the nasal airways and helps re-establish normal sinus drainage . . . Sulfathiazole tends to limit the spread of infection and lessen the complications caused by secondary invaders.

Neo-Synephrine

BRAND OF PHENYLEPHRINE

Sulfathiazolate

FOR DECONGESTION AND BACTERIOSTASIS

Provides prompt, prolonged decongestion of nasal mucosa . . . ample bacteriostatic action without excess sulfathiazole . . . sustained effectiveness, even on repeated use . . . essential freedom from side effects and local irritation.

Indicated for nasal decongestion and possible action to combat secondary invaders accompanying common colds and sinusitis.

Administered by dropper, spray or tampon, with dosage determined by individual needs. Patients should be cautioned to use only as directed.

Supplied as 0.6% solution in bottles of 1 and 16 fl. oz.

Frederick Stearns & Company

Division

DETROIT 31, MICHIGAN

Trade-Mark *Neo-Synephrine* (Brand of Phenylephrine) *Sulfathiazolate* Reg. U. S. Pat. Off.

new evidence of the efficacy of Dexedrine in weight reduction

Excerpts from a recent study entitled, THE MECHANISM OF AMPHETAMINE-INDUCED LOSS OF WEIGHT: A Consideration of the Theory of Hunger and Appetite —by Harris, S. C.; Ivy, A. C., and Searle, L. M.: J. A. M. A. 134:1468 (Aug. 23) 1947.

experiment 1. Does Dexedrine Sulfate, by controlling appetite, decrease food intake and body weight in human subjects?

results "... our obese subjects lost weight when placed on a diet which allowed them to eat all they wanted three times a day ..."

experiment 4. Does the rather prolonged administration of Dexedrine cause any evidence of disturbance of tissue functions?

results "No evidence of toxicity of the drug as employed in these studies was found ... no evidence of deleterious effects of the drug was observed."

Dexedrine Sulfate

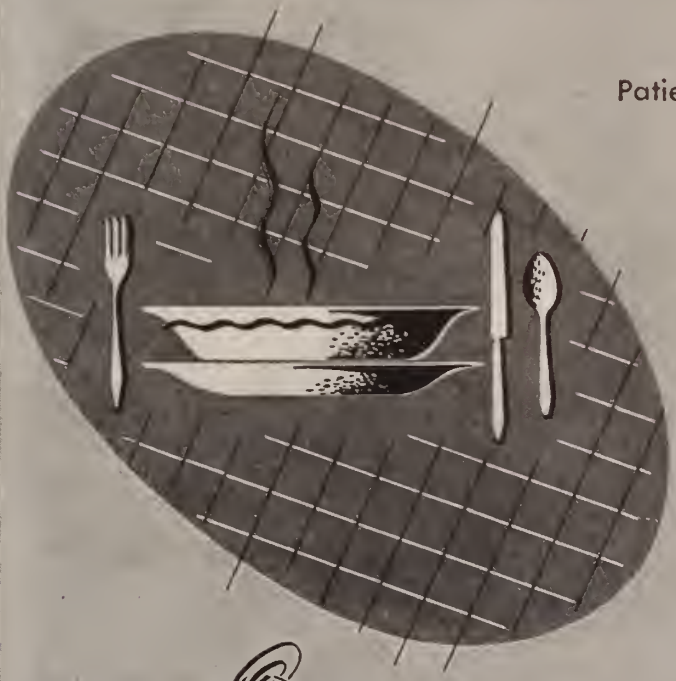
(*dextro-amphetamine sulfate, S.K.F.*) Tablets Elixir

for control of appetite in weight reduction

Smith, Kline & French Laboratories, Philadelphia

SALT SUBSTITUTE

For Sodium-Free Diets



Patients will faithfully adhere to a salt (sodium)-free diet if NEOCURTASAL is prescribed. This salt substitute really tastes and looks like table salt but contains no sodium.

Available in convenient shakers of 2 oz. and bottles of 8 oz.



NEOCURTASAL
TRADEMARK

SODIUM-FREE SEASONING AGENT

Winthrop **CHEMICAL COMPANY, INC.**

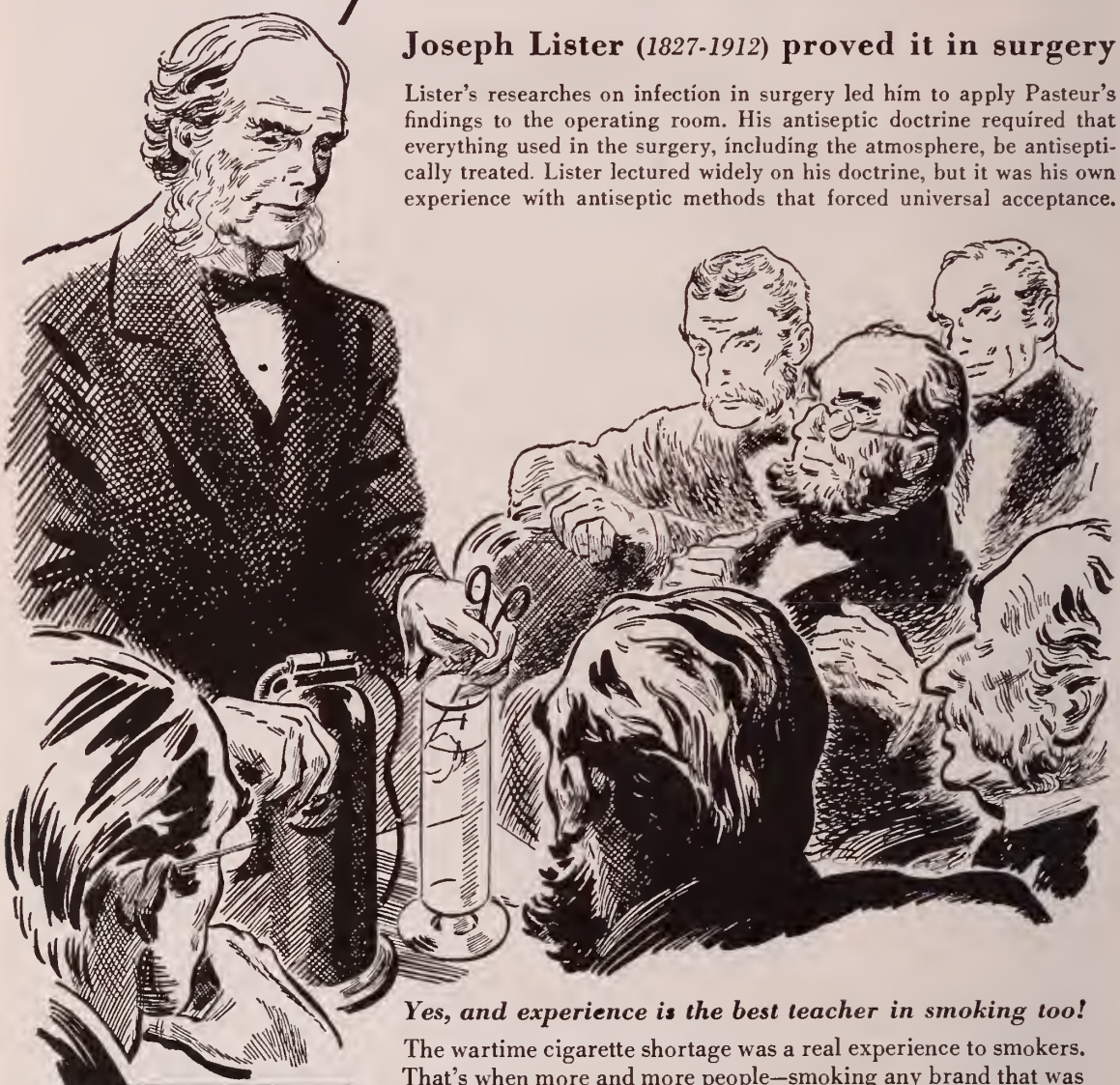
Pharmaceuticals of merit for the physician

NEW YORK 13, N. Y. WINDSOR, ONT.

Experience is the Best Teacher

Joseph Lister (*1827-1912*) proved it in surgery

Lister's researches on infection in surgery led him to apply Pasteur's findings to the operating room. His antiseptic doctrine required that everything used in the surgery, including the atmosphere, be antiseptically treated. Lister lectured widely on his doctrine, but it was his own experience with antiseptic methods that forced universal acceptance.





Yes, and experience is the best teacher in smoking too!

The wartime cigarette shortage was a real experience to smokers. That's when more and more people—smoking any brand that was available—learned the big differences in cigarette quality. So many smokers came to prefer Camels as a result of that experience that more people are smoking Camels than ever before. But, no matter how great the demand, we don't tamper with Camel quality. Only choice tobaccos, properly aged, and blended in the time-honored Camel way, are used in Camels.



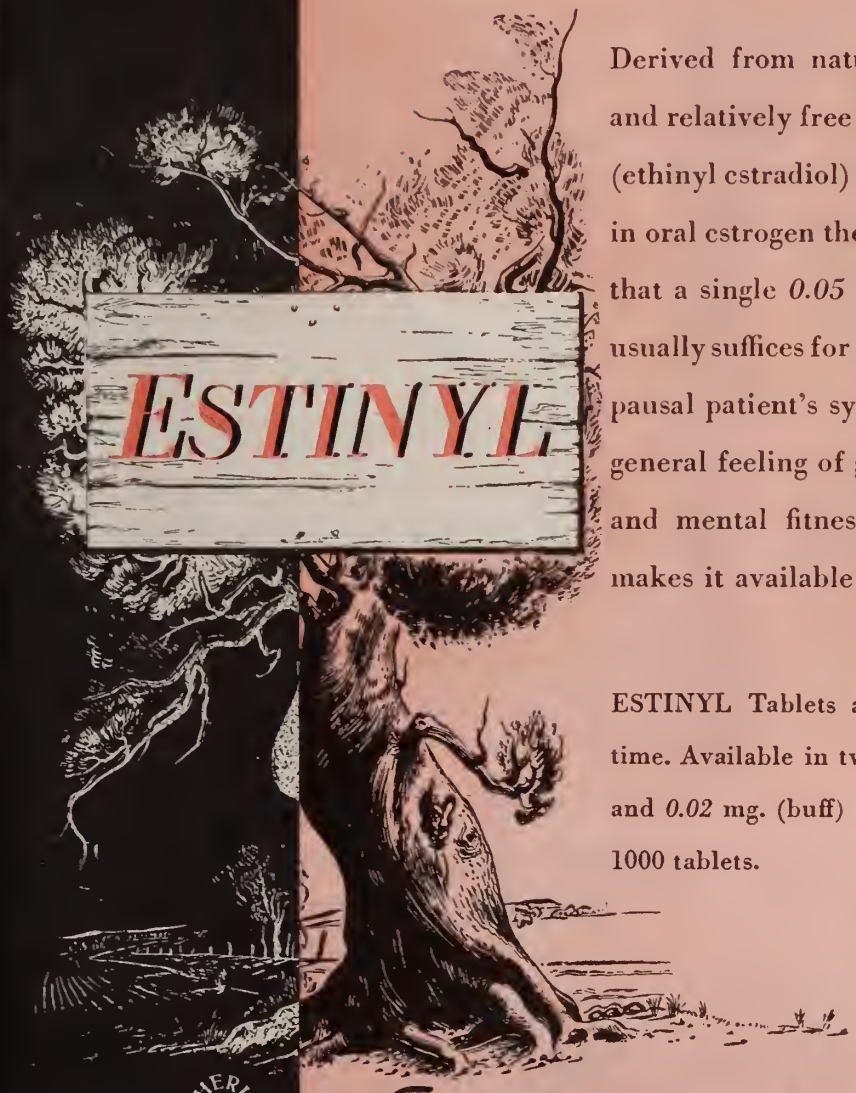
According to a recent Nationwide survey:

MORE DOCTORS SMOKE CAMELS

than any other cigarette

R. J. Reynolds Tobacco Co.
Winston-Salem, N. C.

A LANDMARK IN ORAL ESTROGEN THERAPY



Derived from natural sources, highly potent and relatively free from side effects, ESTINYL (ethinyl estradiol) is a deeply rooted landmark in oral estrogen therapy. Its potency is so great that a single *0.05* mg. tablet taken once daily usually suffices for control of the average menopausal patient's symptoms. With ESTINYL, a general feeling of good health and of physical and mental fitness is attained. Its low cost makes it available to all patients.

ESTINYL Tablets are best administered at bedtime. Available in two strengths — *0.05* mg. (pink) and *0.02* mg. (buff) tablets. Bottles of 100, 250 and 1000 tablets.

TRADE-MARK ESTINYL—REG. U. S. PAT. OFF.

SCHERING

Schering CORPORATION · BLOOMFIELD, NEW JERSEY

IN CANADA, SCHERING CORPORATION LIMITED, MONTREAL

Prompt antacid effect



. . . *sustained relief*

Alminate disintegrates in the stomach in a matter of minutes so that relief is gratifyingly prompt. It is characteristic of Alminate that antacid effect is well sustained so that relief of symptoms is prolonged. A most important advantage is the relative absence of any constipating effect.

Alminate Tablets are appreciated by the patient because they are so convenient to carry and so palatable and easy to take. One or more tablets are swallowed as required; they need not be chewed.

Alminate Bristol is at your own pharmacist's in bottles of 100 and 500 tablets. Complete literature and a test supply on request.

Bristol

LABORATORIES INC. SYRACUSE, NEW YORK



Be it pediatrics or proctology, dermatology or gynecology, internal or industrial medicine, Calmitol is singularly simple and safe therapy—first thought for specific control of pruritus, the symptom of so many states.

CALMITOL

Thos. Leeming & Co. Inc.
155 E. 44TH ST., NEW YORK 17, N.Y.

IMPROVED TOLERANCE

. . . BETTER RESPONSE

IN IRON-DEFICIENCY ANEMIAS

White LABORATORIES, INC.,
Pharmaceutical Manufacturers,
Newark 7, N. J.

White's

A definite advance in the treatment of iron-deficiency anemias is offered in the new Molybdenum-Iron Complex, White's Mol-Iron.

Clinical investigations confirm these advantages of Mol-Iron over ferrous sulfate alone: *substantially reduced incidence of gastro-intestinal side-effects* coupled with *more rapid hemogenesis*—even with approximately half the intake of therapeutic iron.

The combined gastro-intestinal tolerance and speed of clinical response to molybdenum-iron therapy are responsible for the rapidly increasing use of Mol-Iron in hypochromic anemias of pregnancy, chronic blood loss and nutritional origin.

White's Mol-Iron is a specially processed, co-precipitated complex of molybdenum oxide 3 mg. (1/20 gr.) and ferrous sulfate 195 mg. (3 gr.).

In bottles of 100 and 1000 tablets.

Try Mol-Iron in your most "iron-intolerant" case of hypochromic anemia. Confirm for yourself the more rapid therapeutic action and greater freedom from side-effects.

Mol-iron *Tablets*

MOLYBDENIZED FERROUS SULFATE

Ulcer Therapy
No. 5 OF A SERIES

Modern Management of Peptic Ulcer

Intragastric Drip Therapy

Intragastric drip therapy with Amphojel® or Phosphaljel,® now an established procedure in the treatment of peptic ulcer, can often be of tremendous value.

The Wyeth intragastric drip apparatus has been placed in more than 1500 hospitals, as a service to physicians and their patients. It provides painless around-the-clock medication at the site of the ulcer—enables the patient to sleep comfortably while the ulcer is being treated. (Complete information on intragastric drip therapy will be gladly mailed upon request.)

For gastrojejunal ulcer Wyeth offers Phosphaljel—a mild and palatable gel of aluminum phosphate. Many physicians prefer Phosphaljel for treatment of all ulcers, or for prophylaxis against seasonal recurrence.

Standard treatment in the modern management of peptic ulcer is based on Amphojel—Alumina Gel, Wyeth. Amphojel provides prompt relief from pain . . . complete security against alkalosis or "acid rebound" . . . nutritional and psychological advantages of a liberal bland diet . . . faster weight gain during treatment. Amphojel is also ideal for the control of gastric hyperacidity not complicated by ulcer.

Other Wyeth specialties valuable in treating peptic ulcer are:

Amphojel without Flavor—for patients who prefer an unflavored preparation.

Amphojel Tablets—for convenience of ambulatory patients.

Amphojel with Magnesium Trisilicate—for ulcer patients with constipation.

Amphojel with Mineral Oil—for ulcer patients with constipation.

Lactamin®—a complete hydrolyzed protein digest supplying all essential amino acids.

WYETH Incorporated Wyeth® **Philadelphia 3, Pa.**



ORALLY ACTIVE MENOPAUSAL THERAPY... with a plus

Prompt relief of distressing menopausal symptoms may be expected with the use of "Premarin" administered by mouth. Most gratifying to the patient also is the emotional uplift which usually follows treatment and is invariably described as a "sense of well-being." Therapy with a "plus" . . .

"Premarin" provides naturally occurring conjugated estrogens for effective therapy by the oral route with comparative freedom from untoward side effects.

"Premarin" is available as follows:

Tablets of 2.5 mg. bottles of 20 and 100.
Tablets of 1.25 mg. bottles of 20, 100 and 1000.
Tablets of 0.625 mg. bottles of 100 and 1000.
Liquid, containing 0.625 mg. in each 4 cc. (1 teaspoonful) bottles of 120 cc..

While sodium estrone sulfate is the principal estrogen in "Premarin," other equine estrogens . . . estradiol, equilin, equilenin, hippulin . . . are also present as water-soluble sulfates. The water solubility of conjugated estrogens (equine) assures rapid absorption from the gastrointestinal tract.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Ayerst

CONJUGATED ESTROGENS
(equine)

"Premarin"®

AYERST, McKENNA & HARRISON Limited

22 EAST 40TH STREET, NEW YORK 16, N. Y.



SAFETY

An outstanding characteristic of

MANDELAMINE

Reg. U.S. Pat. Off.

(Methenamine Mandelate)



Mandelamine is supplied in enteric coated tablets of 0.25 Gm. (3¾ grains) each, in packages of 120 tablets, sanitaped, and in bottles of 500 and 1000.

Mandelamine, a highly efficient urinary antiseptic, is virtually nontoxic in effective therapeutic dosage. This remarkable lack of toxicity, as established and confirmed in a number of authoritative clinical studies, facilitates therapy and eliminates the necessity for careful selection of patients. Its safety and ease of therapy make Mandelamine especially suitable for administration to children, during pregnancy, and in stubborn or inoperable cases where therapy is necessarily prolonged. The only major contraindication to Mandelamine therapy is renal insufficiency. A physician's sample and literature on request.

NEPERA CHEMICAL COMPANY, INC.

Manufacturing Chemists

NEPERA

Yonkers 2, New York

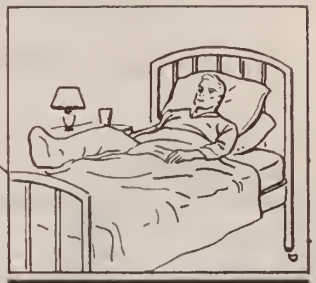


for more effective protein therapy with lower dosage

Whole Proteins

100% Biological Value

Palatable



In burns, ulcers, surgery, injury and shock



In infections, malnutrition, liver and kidney diseases



In pregnancy and lactation and in pediatrics

Whole proteins . . . 100% biological value . . . and high palatability, combine to make PROTOLAC an outstanding dietary protein concentrate.

PROTOLAC is indicated in the therapy of protein deficiencies. These conditions require a large intake of protein of high biological value. Whenever tissue damage is apparent, PROTOLAC merits consideration in planning the course of therapy.

Most important, the 100% biological value of PROTOLAC, proved by bio-assays, means *better results with lower dosage.*

PROTOLAC is highly palatable and combines readily with milk and other foods. Recipe suggestions with every jar.

Write for professional information to
BORDEN'S PRESCRIPTION PRODUCTS DIVISION
350 Madison Avenue, New York 17, N.Y.

Protolac

for Oral Use Only

The protein product with 100% biological value

Protolac

Powdered blend of casein, non-fat dry milk solids, lactalbumin, egg albumen, liver protein, hydrolysate of yeast and soy proteins, choline and l-cystine. Available in 1-lb jars at all pharmacies. Promoted only to the medical profession.

When CONCEPTION IS CONTRA-INDICATED

LACTIKOL JELLY and CREME

- Immobilize sperm INSTANTLY on contact.
- The pH of Lactikol Jelly and Lactikol Creme are both within the normal vaginal range.

Active Ingredients: Loctikol Jelly — Loctic Acid, 1.5%; Glyceryl Monoricinoleote, 1.0%; Sodium Louryl Sulfote, 0.2%; Oxyquinoline Sulfote 0.05%. Loctikol Creme—Loctic Acid 0.5%; Glyceryl Monoricinoleote, 1.5%; Sodium Louryl Sulfote, 0.6%.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

WRITE FOR CLINICAL SAMPLES TO **DUREX PRODUCTS, INC., Dept. 9** 684 BROADWAY, NEW YORK, N.Y.

SINCE 1861 Hanger ARTIFICIAL LIMBS Nature's Rivals TRADE MARK REGISTERED

The Emblem of Artificial Limb Superiority for

Over 85 years

Since the first Honger Limb wos manufoctured in 1861, Honger Artificial Legs and Arms have given sotisfaction to thousands of weorers. These people, once partially or completely incapacitoted, have been oble to return to work ond ploy and to take part in the everydoy octivities of life. To mony thousonds, the Honger seal is o symbol of help ond hope. To them, ond to oll, the Hanger nome is a guorontee of Comfort, Correct Fit, ond Fine Performance.

HANGER ARTIFICIAL LIMBS

527-529 Wells St., Chicago 7, Illinois

1912-14 Olive St., St. Louis 3, Missouri

easily digested
well tolerated
palatable protein
SHARP & DOHME

'delcos'

granules

"How can I get a book edited, printed, and bound?"

With professional care, EDIT, INC., will edit your manuscript, plan a dignified format, and handle all details of typesetting, printing, and binding.

A complete publication service for professional books

Edit *inc.*, 230 East Ohio St., Chicago 11, Illinois

Zemmer PHARMACEUTICALS

AURI-TUSSIN-ZEMMER

In the Treatment of Whooping-cough and Adult Irritating Bronchial Coughs

The pharmacologic action and the therapeutic effect of Auri-Tussin, a solution of Gold Tribromide, in Whooping-cough is due to the antiseptic action of the Gold and the neuro-sedative action of the bromide. Supplied in ½ oz. dropper bottles.

Literature and Prices on Request.

THE ZEMMER COMPANY IL-10-47

Chemists to the Medical Profession **PITTSBURGH 13, PA.**

PIONEERS in Research . . . and Leadership thru the years in combating OTITIS MEDIA



DOHO in realizing the need for a potent, topical, well tolerated ear medication, yet mindful that no one formula could be suitable for all conditions . . . devoted every facility and scientific resource to the development and perfection of AURALGAN and OTOSMO-SAN. Each has its sphere of usefulness . . . each has been tested and clinically proven in many thousands of cases. *Reprints and substantiating data sent on request.*

EACH A SPECIFIC . . . both effective!

Auralgan
IN ACUTE OTITIS MEDIA

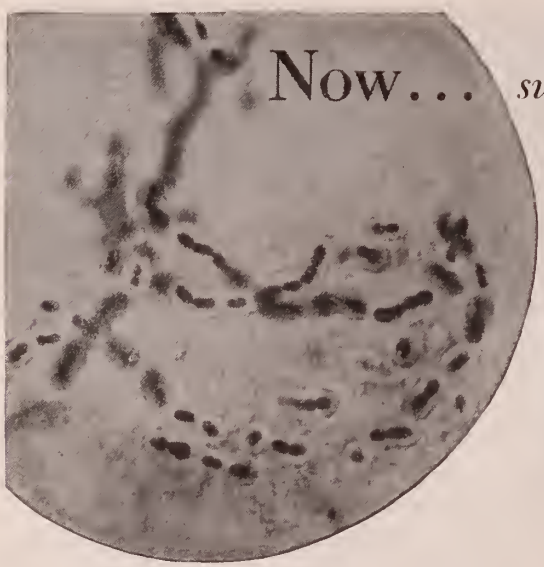
is a scientifically prepared, completely water-free Glycerol (DOHO) having the highest specific gravity obtainable, containing antipyrine and benzocaine . . . which by its potent decongestant, dehydrating and analgesic action provides effective relief of pain and inflammation.

O-TOS-MO-SAN
IN CHRONIC SUPPURATIVE OTITIS MEDIA, FURUNCULOSIS AND AURAL DERMATITIS

is not just a mere mixture, but a scientifically potent chemical combination of Sulfathiazole and Urea in AURALGAN Glycerol (DOHO) base . . . which exerts a powerful solvent action on protein matter, liquefies and dissolves exuberant granulation tissue, cleanses and deodorizes, and tends to exhilarate normal tissue healing in the effective control of chronic suppurative otitis media.

Literature and samples on request

THE DOHO CHEMICAL CORPORATION
New York 13, N. Y. • Montreal • London



Now... *successful active type-specific immunization against pneumococcal pneumonia*

"The evidence . . . demonstrates clearly that immunization of man with the specific capsular polysaccharides of pneumococcus types I, II, V, and VII is effective in preventing the development of pneumonia due to these types in the immunized subjects."[1]

1. MacLeod, C. M.; Hodges, R. G.; Heidelberger, M., and Bernhard, W. G.: J. Exp. Med. *82*:445 (Dec. 1) 1945.

Photomicrograph of DIPLOCOCCUS PNEUMONIAE (magnified 1,350 times), after "typing" with homologous antiserum by Neufeld method. The swollen, unstained, sharply outlined capsules contain the type-specific polysaccharide, which is mixed with similar antigens from other types of pneumococci in the preparation of Solution of Pneumococcus Polysaccharides.

In the above mentioned investigation on 17,035 subjects with a preparation made by Squibb, pneumonia of the types represented in the vaccine was entirely eliminated in the immunized group (8,586), excepting for four cases which developed before specific immunity had been established. And in the non-immunized group of 8,449 controls, all of whom were closely associated with the immunized group, the incidence of these types of pneumonia was *greatly lowered* through the reduction of "carriers." Reactions were mild. The slight arm soreness reported by those injected lasted only 3 to 4 days.

Solution of

PNEUMOCOCCUS POLYSACCHARIDES

Type-specific

supplied in two combinations of types to which adults and children, respectively, are generally most susceptible:

COMBINATION A: Containing types 1, 2, 3, 5, 7 and 8. (Primarily for adults)

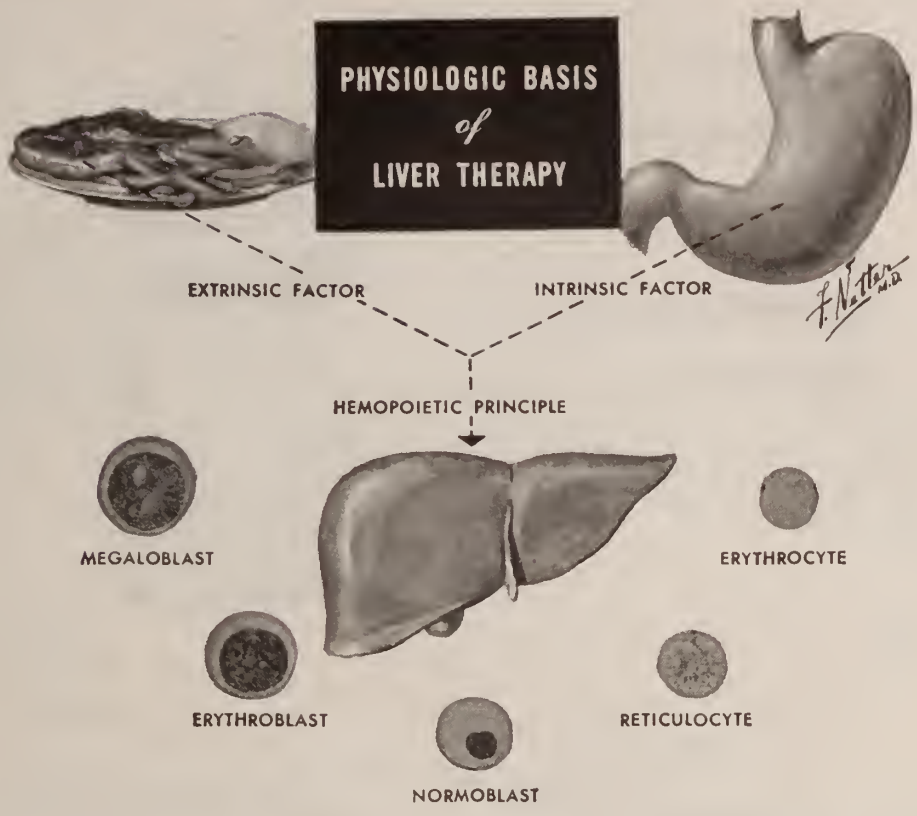
COMBINATION B: Containing types 1, 4, 6, 14, 18 and 19. (Primarily for children)

DOSAGE: A *single* subcutaneous injection of 1 cc. for adults, or children over 12 years of age; 0.5 cc. for children under that age. Immunity usually develops within 6 to 9 days and is effective for at least one year.

AVAILABLE: Each combination supplied in 1 cc. and 5 cc. rubber-stoppered vials.

Professional leaflet, "Active Immunization Against Pneumococcal Pneumonia" is available upon request.

SQUIBB MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858



The liver is the storehouse for the *hemopoietic principle*, which, according to Castle, is a combination of an *extrinsic factor* derived from food and an *intrinsic factor* produced by the stomach. Liver Extract is believed also to contain certain secondary blood-building elements. The therapeutic properties of liver extracts may vary widely — and indeed outstanding authorities have reported that many failures in pernicious anemia therapy are due to the use of inert or deficient extracts.

In the production of ARMOUR LIVER PREPARATIONS, every precaution is taken to preserve the blood-regenerating, active constituents of the fresh liver. The finished extracts are tested carefully for therapeutic effectiveness on actual pernicious anemia patients in relapse.

Have confidence in the preparation you prescribe or administer — specify "ARMOUR"

Armour Liver Preparations

Liver Liquid Parenteral

4 U. S. P. Injectable Units per cc. (Crude). 1 cc., 5 cc., and 10 cc. rubber-capped vials. A preparation retaining the secondary hemopoietic factors and most of the vitamin content of the liver.

10 U. S. P. Injectable Units per cc. 1 cc., 5 cc. and 10 cc. rubber-capped vials.

15 U. S. P. Injectable Units per cc. 1 cc., 5 cc., and 10 cc. rubber-capped vials. A highly refined and concentrated preparation for massive dosage.

Solution Liver Extract — Oral

45 cc. equal 1 U. S. P. Oral Unit. A readily assimilable and therapeutically effective preparation for use when the oral route is indicated or preferred.

Liver Extract Concentrate — Capsules

9 capsules equal 1 U. S. P. Oral Unit. Odorless, tasteless. Sealed gelatin capsules in boxes of 50, 100.

THE *Armour* LABORATORIES

HEADQUARTERS FOR MEDICINALS OF ANIMAL ORIGIN • CHICAGO 9, ILLINOIS

PROMPT HEMOGLOBIN BUILD-UP plus... NUTRITIONAL SUPPORT



℞

Cytora 'Roche-Organon' is "a hematinic plus"—a complete medication specially formulated for the prevention and treatment of hypochromic anemia and frequently associated nutritional deficiencies. Each Cytora tablet contains a well-balanced combination of iron, folic acid, liver, vitamin C and five B-complex factors; thus Cytora provides in a single tablet important factors utilized in erythropoiesis plus other dietary essentials so frequently needed by patients with hypochromic anemia and by patients during pregnancy and post-operative convalescence. Cytora is available in bottles of 100, 250, and 1000 tablets. ROCHE-ORGANON INC., Roche Park, Nutley 10, N. J.

CYTORA 'ROCHE-ORGANON'

T.M.—Cytora—Reg. U.S. Pat. Off.

Table of Contents

OCTOBER, 1947
VOL. 92, NO. 4

ORIGINAL ARTICLES

The Pathological Anatomy of Diabetes Mellitus, *E. T. Bell, M.D.*, Minneapolis, Minnesota .. 215
Methacrylic Resin Implant for Sunken Upper Lid Following Enucleation, *H. Saul Sugar, M.D.*, Detroit, and *Harvey J. Forestner, D.D.S.*, St. Louis 219
Tularemia in Illinois, *Herbert E. McDaniels, Ph.D.*, Springfield 224
Biliary Fistulae Due to Gallstones, Report of Two Cases, *John R. Cochran, M.D.* and *Ralph E. Dolkart, M.D.*, Chicago 228
The Problems of Epidemic Ringworm of the Scalp, *Samuel J. Zakon, M.D.* and *Aaron L. Goldberg, M.D.*, Chicago 232
Therapy of Allergy: Facts and Fancies, *Samuel M. Feinberg, M.D.*, Chicago 234
Use and Abuse of Physical Therapy in the Treatment of Arthritis, *Eugene F. Traut, M.D.*, Chicago 238
A New Sign in the Diagnosis of Minimal and Moderate Ascites, *Leonard Cardon, M.D.*, Chicago 239
Regional Ileitis with Review of the Literature, *William Wolf, M.D., Adolph Kraft, M.D.*, and *O. Richter, M.D.*, Chicago 240

EDITORIALS

Need for More General Practitioners 201
Missing Issues of our Official Transactions of the House of Delegates 204
Illinois Men and Fall Medical Meetings 205
Organization of Auxiliaries in Illinois 206
Health Legislation 206
Council Meeting Minutes, August 10, 1947 243
Book Reviews 60

MEDICAL ECONOMICS

To Each His Own 208
Illinois State Hospital Needs 209

STATE DEPARTMENT OF PUBLIC HEALTH

Purchase of Hospital Care on a Cost Formula Basis 210

CORRESPONDENCE

Reunion for Ex-Cook County Hospital Internes .. 213
American Academy of General Practice 213
Refresher Course in Ophthalmology 213
"Where We Stand Today in Medicine" 213
Postgraduate Division Established at Illinois 214
Approved Residency in Urology 214
Apply Now for Orthopaedic Surgery Examination 214

PHYSICAL MEDICINE ABSTRACTS 48

NEWS OF THE STATE

Coming Meetings, Personals, Marriages, Deaths .. 247

THE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE DIVISION OF POSTGRADUATE STUDY
Announces a
REVIEW OF RECENT ADVANCES IN CLINICAL PATHOLOGY DESIGNED FOR LABORATORY TECHNICIANS
November 17 and 18, 1947 — Tuition $15.00
For more detailed information write to Director, Division of Postgraduate Studies
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE
Saint Louis 10, Missouri

per os. ad lib.
palatable
whole protein
SHARP & DOHME
'delcos'
granules

COOPER CREME
The Original Spermicidal Creme
No Finer Name in Contraceptives. .
ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry
Active ingredients:
Trioxymethylene 0.04% Sodium Oleate 0.67%
Prescribed For Over A Decade
WHITTAKER LABORATORIES, INC.
PEEKSKILL, NEW YORK

Your patients get 2 kinds of relief with this new and different analgesic

It has been repeatedly demonstrated that amelioration of mood is a prime objective in the management of painful conditions.

EDRISAL presents a significant advance in the treatment of pain—in that it contains two recognized analgesics, *plus* the logical and effective anti-depressant, Benzedrine Sulfate. An increasing number of reports from physicians state that their patients prefer EDRISAL to other analgesic combinations.

This superior preparation affords prompt relief in a wide range of painful conditions, such as:

Dysmenorrhea
Simple headache
Neuralgia
Grippe
Sinusitis
Muscle and joint discomfort
Phlebitis
Rheumatism and allied conditions

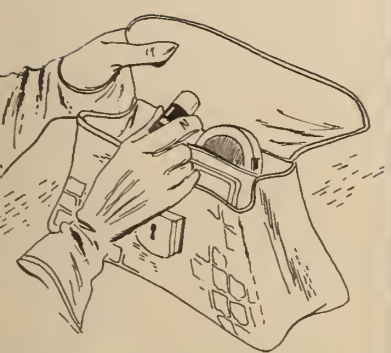
Smith, Kline & French Laboratories, Philadelphia

Edrisal *highly effective*

in the relief of pain



FOR THE RELIEF OF NASAL CONGESTION



INHALER TUAMINE (2-Aminoheptane, Lilly) produces rapid, effective shrinkage of the nasal mucosa without disagreeable side-effects. Inhaler 'Tuamine' may be used as an effective adjunct to other therapy as well as to maintain vasoconstriction and drainage following office treatment.

For home use, Solution 'Tuamine Sulfate' (2-Aminoheptane Sulfate, Lilly), 1 percent, administered by spray or dropper produces prompt, prolonged vasoconstriction. There is no secondary engorgement or central-nervous-system stimulation.

Solution 'Tuamine Sulfate,' 2 percent, is recommended for office procedures in which maximum shrinkage is desired.

'Tuamine' preparations are stocked by all prescription drug stores.

ELI LILLY AND COMPANY

INDIANAPOLIS 6, INDIANA, U. S. A.



Illustration by Herman Giesen

"The Bends"

PHYSICIANS are familiar with caisson disease, the industrial hazard encountered in construction of bridges, tunnels, and skyscrapers where workers breathe air under pressures of more than one atmosphere.

The first real advance in treatment and prevention of this interesting disorder came during the building of the New York Hudson tunnels under the North River in 1894. There the first decompression chamber was built and life became bearable to the "sand hog." Through ability to control and treat "the bends," medical science has made possible many of the major structural developments of the day.

Careful medical investigations, followed by the application of techniques based on the new facts, present a familiar pattern to physicians. The Lilly Research Laboratories collaborate with investigators in many fields of medicine on problems of mutual interest. The result of these efforts is reflected in the new and improved medication being made available for the physician's prescription.

October, 1947

VOL. 92, NO. 4

The Illinois Medical Journal

Official Journal of the Illinois State Medical Society

EDITOR — Harold M. Camp. EDITORIAL BOARD — James H. Hutton, Chairman, Frederick H. Falls, Josiah J. Moore, Edwin M. Miller, Chauncey C. Maher, Harry S. Gradle, Harry Culver, Walter Stevenson, Raymond W. McNealy.

Editorials

NEED FOR MORE GENERAL PRACTITIONERS

Since the beginning of World War II it has been quite obvious to all that there is need for more practitioners in the rural areas. This applies to Illinois, as it does to all other states especially in the Mid-western area. It is the natural desire of undergraduate medical students, as well as most graduates today, to establish a practice in the city and unfortunately the majority of these recent graduates desire to specialize.

Many of them go from their internship into a residency where they study and work diligently for another three or four years to make them eligible to take their American Board Examination, to become a specialist, and this before most of them have had any experience as a practitioner on their own. In the meantime many small towns and villages in various parts of Illinois are desirous of having a general practitioner locate in their communities, giving the assurance that everyone in the respective community will cooperate with the "new doctor" and do everything possible to help him get established.

On several occasions in recent months we have had letters from various individuals and groups in such communities giving assurance of cooperation if we can aid them in getting a general practitioner. We have suggested to a number of young physicians seeking a location to go to these places and make their own investigation. Too often they have returned saying that they would be willing to go there if they could find a home and an office, but they were unable to find any place where they could live and likewise they were unable to find a suitable office space, and no one in the community could help them.

Recently when letters have been received asking for aid in locating a physician for such communities, a letter has gone to the writers promptly, asking if they have a suitable home and office space available in their community, and too often the reply has been there is not a vacant house in our town, and there is no place available right now where a doctor can establish his office. This is one thing the communities can do if they expect to find a physician willing to go into their community to establish a practice, have a house and office available before the physician makes his first investigation to determine whether or not he desires to enter practice in that particular community.

Frequently letters are received, or personal interviews are had with young physicians seeking a location who give an assurance that they are willing to go into a rural community, or particularly a small town. When asked how small a town they are willing to investigate, many say a small town of between 25,000 and 50, 000 inhabitants.

At this time, there are few if any cities in the state of Illinois with 5,000 or more population which do not have as many, if not more, physicians than they had at the outbreak of the recent war.

The Illinois State Medical Society, like most other similar societies, has a Committee on Rural Medical Service, which works in close cooperation with the Committee on Rural Medical Service of the American Medical Association. Dr. Harlan English of Danville, as chairman of the State Society Committee, has worked diligently and constantly to evaluate the needs of the rural areas in Illinois. In his investigations, Doctor English did not restrict his inquiries to rural practitioners, but he deemed it advisable to request information and get opinions from all county farm advisers in the state and likewise get all possible information from other farming organizations and from residents living in these more sparsely settled communities. He also deemed it advisable to question the future suppliers of medical care in rural areas, as well as the consumers of such care. All senior medical students in the Class A medical schools of Illinois were sent a questionaire in which five questions were asked:

1. Are you interested in rural practice (towns and villages of less than 10,000 inhabitants)?
2. If not, list reasons:
3. What provisions would have to be made before you would practice in a rural area?
4. Would you go to a rural area that would provide you with a subsidy of $1,000 to $2,000 a year to supplement your income during the first three years of practice?

ILLINOIS STATE MEDICAL SOCIETY
GENERAL OFFICERS, 1947-1948

PRESIDENT.....Irving H. Neece, Decatur
PRESIDENT-ELECT.....Percy E. Hopkins, Chicago
1ST VICE-PRESIDENT....H. Kenneth Scatliff, Chicago
2ND VICE-PRESIDENT.....Walter E. Kittler, Rochelle
SECRETARY-TREASURER....Harold M. Camp, Monmouth

THE COUNCIL

L. J. Hughes.....1st District, Elgin.....1950
H. L. Pettitt.....2nd District, Morrison.....1950
Darwin B. Pond....3rd District, Chicago.....1950
Harry M. Hedge....3rd District, Chicago.....1949
Oscar Hawkinson....3rd District, Oak Park....1948
Wade C. Harker....3rd District, Chicago.....1950
Leo P. A. Sweeney..3rd District, Chicago.....1948
H. Prather Saunders.3rd District, Chicago.....1949
Charles P. Blair....4th District, Monmouth....1949
Ralph P. Peairs....5th District, Normal.....1949
Walter Stevenson....6th District, Quincy.....1948
Charles H. Hulick..7th District, Shelbyville ...1949
Harlan English.....8th District, Danville.....1949
Charles O. Lane 9th District, W. Frankfort.1948
G. C. Otrich.....10th District, Belleville.....1948
Edwin S. Hamilton.11th District, Kankakee.....1950

Everett P. Coleman,
Councilor at large Canton 1949
Robert S. Berghoff,
Councilor at large Chicago 1950
Chairman of the Council Walter Stevenson

ILLINOIS MEDICAL JOURNAL

Harold M. Camp, Monmouth.....Editor
L. E. Malley, Chicago....Managing Editor & Business Mgr.
Harry M. Hedge, Chicago....Chairman, Journal Committee
Harry J. Stewart, Oak Park....Secretary, Journal Committee
Business Office....30 North Michigan Ave., Chicago 2
Editorial Office.....Monmouth, Illinois

GENERAL COUNSEL

Edward W. Rawlins.....77 West Washington St., Chicago

MEDICAL SERVICE & PUBLIC RELATIONS

James H. Hutton, Chairman..30 No. Michigan Ave., Chicago
Mr. John W. Neal, Exec. Sec...30 N. Michigan Ave., Chicago
Mr. J. C. Leary, Pub. Rela. Coun...231 S. LaSalle St., Chi.

PERMANENT HISTORIAN

David J. Davis.....721 Elmwood Ave., Wilmette

MEDICO-LEGAL COMMITTEE

Oscar Hawkinson, Chairman.....1011 Lake St., Oak Park

PERMANENT COMMITTEE ON ARCHIVES

D. D. Monroe, Chairman.....Alton
C. Ellsworth Black, Secretary.....Jacksonville
E. H. Weld.....Rockford
Ex-officio:
David J. Davis, Perm. Historian.721 Elmwood Ave., Wilmette

EDUCATIONAL COMMITTEE

Charles P. Blair, Chairman.....Monmouth
Warren W. Furey, Vice-Chm.....104 S. Michigan, Chicago
Ann Fox, Secretary.....30 N. Michigan Ave., Chicago

SCIENTIFIC SERVICE COMMITTEE

Robert S. Berghoff, Chairman.30 N. Michigan Ave., Chicago
Leo. P. A. Sweeney, Vice-Chm...9715 Winston Ave., Chicago

POST GRADUATE COMMITTEE

Robert S. Berghoff, Chairman.30 N. Michigan Ave., Chicago
Geo. A. Hellmuth, Vice-Chm.....1180 E. 63rd St., Chicago

Outside of editorial or allied views or statements that are the authoritative actions of the Illinois State Medical Society, the organization denies responsibility for opinions and statements published in the ILLINOIS MEDICAL JOURNAL. Views expressed by the various authors and views set forth in various departments in the JOURNAL represent the views of the writers.

State Society will pay no bills for legal services except those contracted by the Committee. Notify the Chairman at once. Do not employ attorneys.

Send advertising copy, and all communications relating to advertising to ILLINOIS MEDICAL JOURNAL, 30 N. Michigan Avenue, Chicago.

Original articles and membership correspondence to Dr. Harold M. Camp, Monmouth, Ill.

Society proceedings and news items and changes in the mailing list to Managing Editor, 30 N. Michigan Ave., Chicago 2, Illinois.

Subscription price of this JOURNAL to persons not members of the Illinois State Medical Society is $3.00 per year, in advance, postage prepaid, for the United States, Cuba, Porto Rico, Philippine Islands, Hawaiian Islands and Mexico. $4.00 per year for all foreign countries included in the postal union. Canada, $3.50. Single current copies, 50 cents. By mail, 60 cents.

5. Do you think that students should serve as assistants to a rural practitioner between the junior and senior year What pay would you expect?

The following questionnaire was sent to all County Farm Advisers:

1. Name of county which you serve.
2. Approximate population in the area which you cover.
3. Are additional physicians needed in this area? Yes No
4. Is ambulance service for the transportation of patients from home to hospital readily available? Yes.....No..... Do you believe it would be desirable?
5. Do residents of your community have access to an adequate number of hospital beds to supply their requirements? What hospital is used most frequently by residents of your community?
6. Is there widespread participation in the Blue Cross Plan in your county? If not, do you think the extension of it is desirable?
7. Have you received inquiries concerning the possibilities of the development of a prepaid surgical and medical service plan similar to the Hospital Service Plan? Do you think the people in your community would like some kind of voluntary pre-payment medical service? Are the poor taken care of in your county?
8. Do you believe public health activities in your county are satisfactory and adequate? Do you think your county would be interested in joining with other adjacent communities for the operation of a full time public health unit? (Physician, nurse and sanitary engineer).
9. Is there any continuous program of public health education for the people of your county?
10. Do you believe the school health examinations which are carried on in the schools of your community are sufficient or should they be done more often and in more detail?
11. If more hospital beds are needed in your county, do you believe the people would vote a local bond issue to construct a hospital and a 1/3 mil tax annually to support it?
12. Do you know that the Hill-Burton Hospital Bill (Federal) provides 1/3 of the construction cost and nothing for maintenance of a hospital? Yes..... No.....

There were 169 questionnaires returned to the committee by senior medical students. Sixty-seven were mildly interested in going into rural areas, towns of less than 10,000 population. Thirty-six of this group said they would be willing to go into such areas if there were adequate open staff hospitals within the area. Eleven would be interested only in group practice, and would be willing to go with others to form such a group.

Forty-one thought they should have some kind of community subsidy, 16 did not want this at all. Thirty-four desired some kind of rural training between junior and senior years, but at an average salary of $150.00 per month. Twenty-two did not favor this and nine were optional.

Of the 102 who refused to even consider a practice in communities of less than 10,000 population, 78 expected to specialize, 17 wanted general practice in a larger area, and seven were undecided upon that point.

The replies from the farm groups were likewise interesting. Ninety replies were received within two weeks, 57 said they do need physicians in their respective areas. In regard to ambulance service, 56 said such service was available while seven said no. Forty-three replied that their residents do not have adequate hospital beds available, and 29 stated that their respective counties do have Blue Cross hospital insurance, while 29 believed such hospitalization programs should be expanded. In regard to present public health activities in their counties, nine said such services were available while 41 stated that it was inadequate.

In regard to school examinations, 36 of the 67 commenting on this situation believe present examinations were adequate, eight said they need more physicians and five thought they need more frequent rechecks. Twenty-five believed the examinations should be more complete. As for increasing the number of hospital beds in the county, 11 thought the citizens of the county would vote for tax levy to increase the number of beds while 26 did not believe it could be carried, while nine were doubtful on that point.

Forty-three were opposed to any type of state subsidy to aid physicians locating in rural areas while 11 thought it would be desirable. Thirty-

three were likewise opposed to the state subsidizing the medical education of rural boys, 18 favored the plan and 10 would approve within certain limitations.

Recent actions of the House of Delegates of the American Medical Association favoring and encouraging the development of more general practitioners and to improve the adequacy of medical care in rural areas, will undoubtedly react favorably in the near future, to insure a greater number of physicians for general practice and to give more consideration to these people residing in rural areas. The mid-year session of the A.M.A. House of Delegates will be held in Cleveland next January, and there will be a two day program for general practitioners immediately following the session, and this should receive wide attention, and be continued in succeeding years.

From information which has been received in recent years from all parts of Illinois, we doubt if there are many instances where adequate medical care cannot be received if same is actually desired. It is true that some parts of the state do need more hospital beds, but with the proper actions on the part of the residents of these communities, the need can be met.

It seems to be the general concensus of opinion throughout the country today that there has been an increasing and perhaps alarming desire on the part of recent graduates in medicine to specialize, and fewer of them willing to become general practitioners. Under the leadership of the American Medical Association, with proper cooperation from the hospitals of the country, and perhaps curtailment of activities on the part of the ever increasing American Boards, this trend can be changed in coming years, so that the general practitioner can again assume the important role in the providing of medical care that he justly deserves.

In keeping with this thought, the Board of Trustees of the American Medical Association has recently announced that each year at the annual meetings, in addition to the giving of the Distinguished Service Award, the House of Delegates will likewise give a similar award to the outstanding general practitioner of the Country. Every state will most likely have its own candidates for this award, and there should be an unusual rivalry when the many candidates for this honor are presented for final selection of the winner of the award.

At recent Annual Meetings of the A. M. A. the Section on General Practice has been of unusual interest, and has been well attended. For a number of years, the Illinois State Medical Society has endeavored to take post-graduate instruction courses to the physician in the rural areas, a schedule of from six to eight speakers, all discussing subjects of general interest to all practitioners. Attendance at these conferences has been most encouraging and the interest continually increasing in the conferences. For this fiscal year, a series of 12 post-graduate conferences will be held, most of them already arranged, and to begin during the month of September.

More attention should be given to general practitioners with continual effort to increase their value to their respective communities, and likewise efforts should be made in every way possible to get more recent graduates into general practice, with perhaps proper inducements on the part of the communities where this type of practitioner is expressly needed.

MISSING ISSUES OF OUR OFFICIAL TRANSACTIONS OF THE HOUSE OF DELEGATES

In the office of the secreary of the Illinois State Medical Society there are on file printed copies of the transactions of the House of Delegates for many of the early years of the Society's history. These printed transactions are not all on file, and our newly appointed Committee on History of Illinois Medicine has asked that we assist in locating those that are missing.

Printed below is the complete list from 1850 to 1898. Following that date our transactions appeared in the Illinois Medical Journal as the official organ of this Society, and the book form was abandoned.

Kindly check over the list and if, among old records or old books, you come across any of the volumes the Society is seeking, please let the office of the secretary know, and we will be very glad to pay any reasonable charges necessary to procure complete records.

The Society is particularly anxious to secure the printed transactions for the year 1895. This volume contains the report of the Committee on

Medical Societies of which Dr. W. O. Ensign of Rutland was the chairman. This report contained a complete history of the State Society from its organization to that date.

TRANSACTIONS OF THE HOUSE OF DELEGATES

We have in our files:	Meeting was held at:	We need to complete our files:	Meeting was held at:
1850	Springfield		
1851	Peoria		
1852	Jacksonville		
1853	Chicago		
		1854	LaSalle
		1855	Bloomington
1856	Vandalia		
1857	Chicago		
1858	Rockford		
1859	Decatur		
1860	Paris		
	NO MEETING IN 1861		
	NO MEETING IN 1862		
1863	Jacksonville		
1864	Chicago		
		1865	Bloomington
		1866	Decatur
		1867	Springfield
1868	Quincy		
		1869	Chicago
		1870	Dixon
		1871	Peoria
		1872	Rock Island
		1873	Bloomington
		1874	Chicago
		1875	Jacksonville
		1876	Urbana
		1877	Chicago
1878	Springfield		
1879	Lincoln		
1880	Belleville		
		1881	Chicago
1882	Quincy		
		1883	Peoria
1884	Chicago		
		1885	Springfield
1886	Bloomington		
1887	Chicago		
1888	Rock Island		
		1889	Jacksonville
1890	Chicago		
		1891	Springfield
		1892	Vandalia
1893	Chicago		
1894	Decatur		
		1895	Springfield
1896	Ottawa		
1897	East St. Louis		
		1898	Galesburg

ILLINOIS MEN — AND FALL MEDICAL MEETINGS

As fall days approach many Illinois physicians plan appearances before other state medical societies, before special meetings, and before post graduate assemblies.

On October 1, 2, 3, the Mississippi Valley Medical Society met at Burlington, Iowa, with Dr. Irving H. Neece, President of the Illinois State Medical Society, Decatur, as one of the main speakers. From Chicago Doctors W. H. Cole, S. O. Schwartz, G. A. Bennett, L. H. Sloan, W. O. Thompson of the University of Illinois; C. E. Galloway, J. A. Bigler, J. P. Simonds, T. G. Randolph, N. C. Gilbert and John Martin of Northwestern University; and Dr. Samuel Soskin of the University of Chicago appeared on the program.

On October 6, 7, 8, the annual meeting of the State Medical Society of Wisconsin was held in Milwaukee with the following Illinois Doctors participating:

ROUND TABLES

Philip Lewin, Chicago: "Treatment of Polio."

A. J. Carlson, Chicago: "The Growing Anti-vivisection Propaganda and What Can the Doctor Do About It?"

W. L. Palmer, Chicago: "Diseases of the Gastrointestinal Tract"

Stanley Gibson, Chicago: "Congenital Heart Diseases"

Derrick T. Vail, Chicago: "Ocular Diabetes"

W. G. Maddock, Chicago: "Parenteral Fluids in the Treatment of Surgical and Medical Cases."

Samuel Salinger, Chicago: "Antibiotics in Diseases of the Ear, Nose and Throat"

GENERAL PROGRAMS

A. J. Carlson, Chicago: "Some Obstacles in the Path Toward an Optimum Diet"

Philip Lewin, Chicago: "Treatment in Early States of Polio"

W. L. Palmer, Chicago: "Functional Disturbances of the Digestive Tract"

James H. Bloomfield, Chicago: "Management of Late Hemorrhaging in Obstetrics"

BEFORE SECTIONS

Internal Medicine: Walter L. Palmer, Chicago

Obstetrics & Gynecology: James A. Bloomfield, Chicago, Herbert E. Schmitz, Chicago

Ophthalmology & Otolaryngology: Derrick Vail, Chicago, Samuel Salinger, Chicago

Pediatrics: Stanley Gibson, Chicago
Surgery: W. G. Maddock, Chicago.

CINCINNATI MEETING

On November 3-8 the American College of Allergists will have their fall graduate instructional course in Allergy under the auspices of the College of Medicine of the University of Cincinnati. Hotel headquarters are at the Netherland Plaza hotel and lectures will be given in the auditorium of the Medical College of the University of Cincinnati.

On Tuesday, November 4th at 2:15 p.m. Dr. Morris A. Kaplan, Medical College, University of Illinois, Chicago, will present "The Preparation and Standardization of Extracts."

On Wednesday morning, November 5th at 9:45 Dr. Leon Unger, Northwestern University Medical School, Chicago, will deliver his address, "Bronchial Asthma: Diagnosis, Management and Treatment."

There are probably many more meetings scheduled for fall days before which our physicians and surgeons and research men will appear. As various programs and medical journals from around the country come into our Illinois Medical Journal office, we find that recognition is continously being given to the outstanding men in Illinois medicine.

ORGANIZATION OF AUXILIARIES IN ILLINOIS

It is the desire of the Woman's Auxiliary to the Illinois State Medical Society to organize an Auxiliary in each County in the State where such an organization is at all possible. During the war years when physicians, and many of their wives, were moving hither and yon, it was not feasible to press this matter of organization. With the return of the doctors we have witnessed an increased interest in Auxiliary principles and activities.

During the year just passed one new County was added to our roster — that of Tazewell County. Also a branch of the St. Clair County Auxiliary was formed at Belleville. With the addition of several members-at-large, we now have representation in thirty counties. There are ninety County Medical Societies in the State of Illinois, so our task of furthering organization is far from complete.

We realize that due to paucity in some Counties organization cannot be carried out. In these Counties we would like to interest eligible physicians wives in becoming members-at-large. This year a chairman has been appointed to inform members-at-large on all matters pertinent to the Auxiliary.

Only through organization can the aims and purposes for which this Auxiliary stand be carried out successfully. Thus it behooves every woman of the Auxiliary to further membership. The thirteen Councilors carry this torch of organization high, but it will be the combined effort of all of us which will, in the end, see our goal reached.

Now is the opportune time to make our influence felt. Physicians wives are the leaders in every community. By banding together we can succeed in interpreting fairly and honestly to the laity the aims and objectives of scientific medicine.

Let us go forward together, for through unity of purpose and action great accomplishments are possible.

Mrs. L. N. Hamm,
President Elect and
Organization Chairman.

HEALTH LEGISLATION

RAYMOND MOLEY

The extraordinary usefulness of Robert A. Taft as a senator is shown not only by the variety of subjects about which he has constructive ideas, but by the fine balance of the bills he proposes. The Taft touch is the middle way between statism and pure individualism. This is especially shown in the national health bill, presented to the Senate in January and now part of the unfinished business of the expiring session. It will probably not be acted on this year, but it is sure to be an issue next year.

Realizing that the Murray-Wagner-Dingell bill is an intolerable piece of bureaucracy, Taft, with Senators Ball, Smith and Donnell, presented this plan as an alternative.

In principle, the Taft bill recognizes the duty of the state to provide medical and dental care for those unable to pay for it. To aid the states in fulfilling this duty, the federal government would provide $200,000,000 a year for five years for medical care and a total of $77-000,000 over five years for dental inspection and care. To strengthen the capacity of the

federal government to administer this aid to states, the bill provides for the gathering together of several federal health agencies in one federal agency. The administrator of such an agency would be a doctor outstanding in the field of medicine.

This bill recognizes that personal health is a public concern and that those who cannot afford decent medical care should be helped to get it. But to avoid the development of the theory that all should be entitled to free care, the principle of established need is included. This protects the private medical profession from competition with government medicine. The bill also recognizes that the state, not the federal government, is the proper agency to care for the indigent and unfortunate.

The bill makes generous provision for research and inspection, which are always a proper function of government.

No measure like the Murray-Wagner-Dingell bill could ever succeed against the all but solid opposition of the medical profession. The Taft measure has already attracted the favorable support of doctors. The American Medical Association, the National Physicians Committee, many state medical associations and other agencies have approved it. It is bound to receive wide-spread attention in the months before the next session of Congress.

If the bill is not passed before the presidential nominating conventions, it may well become a major issue in the 1948 campaign. It would then be the Republican answer to the Murray-Wagner-Dingell bill, which is almost certain to be a Democratic platform promise.

It is the habit of most advocates of a big federal bureaucracy for medical care to call their plan "socialized medicine." This is a gross misrepresentation. Medicine has become more and more socialized with the passing of the years. Private hospitals, clinics, research foundations, health insurance plans and the like are all socialized medicine. They have co-operative, charitable and collective features. But they represent voluntary private effort. Socialized medicine is not necessarily government medicine. The surest way to destroy private collective medicine is to let people think the government will take over. The Taft bill represents the happy medium.—*Chicago Journal of Commerce.*

MANY PATIENTS HAVE EMOTIONAL ILLNESS COMPLICATING PHYSICAL DISEASE

At least one half of all patients have their symptoms as a result of emotional difficulties in addition to and as a part of the physical disease, according to Raymond W. Waggoner, M.D., of Ann Arbor, Mich.

"Every patient will respond more promptly to treatment of any disease if the physician understands and adequately handles the emotional as well as the physical aspect of the illness . . . therefore it is essential that every physician, whether he is in general practice or in a specialty, obtain some understanding of psychiatric principles and utilizes these principles in the treatment of all of his patients." states the author.

Writing in the June 28 issue of *The Journal of the American Medical Association*, Dr. Waggoner, Professor of Psychiatry at the University of Michigan, points out that only about two per cent of the registered physicians in this country are trained in psychiatric procedures; therefore the task of treating emotional illness falls upon the general practitioner.

"Recognition of the importance of emotional factors in illness, a willingness to spend more time with such patients, an understanding of some of the motivating factors in such conditions and the ability to help in the solution of such problems is an essential characteristic of every good physician," states the author.

The physician cautions that since patients tend to exaggerate symptoms of physical illness, great harm can be done by the prescription of unneeded rest.

Medical Economics

The Medical Economics Committee — Chauncey C. Maher, Chmn., 6 North Michigan Avenue, Chicago, Edwin S. Hamilton, V. Thomas Austin, Emmet B. Bay, Jay McDonald Milligan, Jacob M. Mora, George Halperin, Marie Wessels, Thomas C. Browning, Roland R. Cross, Milton E. Bitter, Edwin F. Hirsch, Ford Hick, Lt Col. MC, William J. Bryan, John R. Vonachen.

TO EACH HIS OWN

The news of the daily press since the end of the late World War clearly implies the serious conflict between the two ideologies — democratic capitalism and proletarian dictatorship (communism. In the medical press one reads of the attempts in this country to federalize medicine. That these federalization efforts are a part of this whole communistic principle is not too clearly recognized. Industrially, a similar line of activity has been that of the CIO group to invade management in the motor industry. One might make the comparison with the old military principle used so effectively — divide and conquer.

It naturally follows that the first area to invade should be that which is vulnerable and where success is most likely. Social schemes in Europe's history have shown that medicine has been that area — first in Austria, Germany and nearby states, and later in England. So far socialistic attempts in the United States have failed but not miserably so, as they would have, had we been completely invulnerable.

There are a number of imperfections which are directly or indirectly to be laid at our door, and every physician, individually and collectively, shares a responsibility.

Recently our Council has taken up the serious situation of our State Psychiatric institutions, and much has been written of the Municipal Tuberculosis Sanitarium of Chicago. Perhaps the Council will find the need to extend their inquiry to all governmental institutions within the state. Although the above hospitals are under political administration, their defects reflect upon the medical profession as they are actually staffed by members of our society.

Less tangible are the deleterious effects upon the general public of medical practice which has been offered them over the years which have been proved unsuccessful. An example was the remarkable number of nasal operations for several decades that patient and physician alike have learned were unnecessary. Gastro-enterostomy at one time was esteemed a definite cure for ulcer of the stomach, now viewed critically by the surgeons. Others in such a list include splenectomy for pernicious anemia, the ill-advised but popular exploratory laporotomy and appendectomy for right lower quadrant pain (chronic appendicitis).

In the present era, we are watching the development of new surgical techniques, nerve sectioning, for a variety of symptoms or disease. These include vagotomy for stomach ulcer, sympathectomy for hypertension, nerve section for low back pain, dysmenorrhea and others. If these methods prove highly effective, much credit will accrue to the profession, or if time invalidates them one must remember that discredit will be the result.

In the field of general medicine drugs come into widespread use too often before their merits and demerits are clearly defined. At present there are Thiouracil, Thiocyanate, testosterone, gold injections and others. The average physician does not have the time to read extensively and critically but must accept preliminary favor-

able reports which may later prove to be less factual than first presumed.

It is conventional practice to treat a patient's symptoms, and the drug houses furnish us with a wide variety of official or unofficial drugs for anemia, rheumatism, hyperacidity and other like ailments. Snapshot diagnosis and quick therapy in the long run is poor medicine and to the patient's disadvantage, particularly if later he is found to have serious complications that are disabling, which correct and early diagnosis would have prevented

One reads an occasional critical comment that the growth of the specialties should be curbed and we must have more general practitioners. Such comment may be somewhat selfish in origin from already established specialists who desire to see their numbers limited or may constitute a valid critical thought. Actually, we are producing many more specialists and probably paving the way for more clinics, large and small. If this trend is desirable and means better medicine for the United States, our body politic should encourage and expand the training programs. On the other hand, if more specialization will lower the standards of medical practice, the trend should be curbed.

Returning to the original premise, we *are* faced with *defending* our democracy, in medicine, in industry and politically. The best defense is remedy of its defects. Medically, the implication is tacit acceptance of individual responsibility in practice, including the local practitioner, the university professor or the physician holding office in a medical society.

ILLINOIS STATE HOSPITAL NEEDS

The Council of the Illinois State Medical Society, in March 1947, passed a resolution recommending adequate appropriation by the Illinois legislature for the Department of Public Welfare, for the state hospitals to increase personnel, obtain adequate salaries approximating prevailing rates in the Veterans' Administration and other more progressive states, and correct the overcrowding.

The U. S. Bureau of Census places Illinois 17th on the list in a comparison of ratio of employees per patient. Illinois should be close to the top, and at least one of the first four, based on its population and its activities. Adequate medical care can not be given to patients when doctors carry a load of two to three hundred patients each. Similar ratios occur in other categories and classification of employees. At the Manteno State Hospital there are 19 nurses to care for 6,500 patients. Beside this shortage of personnel, there has been a tremendous turnover, amounting to 35% during the last 18 months. It has been impossible to obtain and retain qualified persons under the present salary rates. The Veterans' Administration and other agencies, private practice and industry, have taken many of our employees. The loss is even greater when we consider the fact that these employees have completed a period of training, and are able to carry on with their function at maximum efficiency.

According to the Illinois Department of Public Health figures, the state hospitals, with a population of 41,000, are now 14,000 patients above the minimum health standards. Thus, there are crowded into our hospitals, 52% more patients than the hospitals should hold in order to comply with even the minimum standards.

The legislature is cognizant of the shortages of personnel, the low salaries, and the overcrowding in our state mental institutions. It is hoped that immediate steps will be taken to initiate improvement of conditions, and that a long range program will be established to adequately care for and treat patients with mental illness.

The stimulus received from the activities of the county and state societies in behalf of this program has been helpful, and it is hoped that this will continue until this medical problem, which involves approximately 50% of the hospital beds of Illinois, is adequately cared for under the present high standards of medical care.

State Department of Public Health

PURCHASE OF HOSPITAL CARE ON A COST FORMULA BASIS

A Story of the Development of Interagency Cooperation Under the Guidance of the State Department of Public Health

In the middle of March, 1943, or thereabouts, the United States Children's Bureau, which was then in the midst of the rapidly growing program for Emergeney Maternity and Infant Care, approaehed the State Health Department with a eomplex form of several pages which was to be used by individual hospitals to submit calculations of their operating costs on a per diem or per visit basis. The purpose of this calculated cost method of determining operating expenses of hospitals was to enable the EMIC Program to pay hospitals at eost of serviee rather than at some arbitrary rate whieh in some instanees might be eost, but in others would be in exeess of eost or, even more likely, be only a mere fraction of needed funds for operation. Hospitals, after overeoming their initial fright at the form, and after dispassionately viewing the mounting number of EMIC cases, developed an interest in this method of portraying eost of operation. The form, further, had from its beginning the wholehearted support of the Ameriean Hospital Assoeiation as well as the other national hospital associations and the Illinois Hospital Association. By the early part of 1944 almost all of the hospitals with lieensed maternity departments in Illinois were being paid for care of EMIC eases on the basis of their individual costs. Inasmuch as the eost method was eonsidered by all hospital groups as the fairest method of reimbursement for hospital eare purchased by government agencies, other governmental agencies either through their own initiative or on stimulation of the Illinois Hospital Association gradually adopted this caleulated cost method for reimbursing institutions for hospital serviees given their reeipients. These agencies ineluded the Illinois Public Aid Commission, the Division of Serviees for Crippled Children, Voeational Rehabilitation, Veterans Administration and the Chicago Chapter of the National Foundation for Infantile Paralysis. This formula due to its origin in the EMIC Program was until a month ago known as "the EMIC rate." Now the formula, whieh has been revised to the advantage of hospitals, is offieially known as the government reimbursable cost formula.

Reimbursable costs of hospitals' operation are determined by (1) adding up all eosts of operation and (2) dividing the total cost by the total number of patient days (to obtain the per diem cost of in-patient care) or the number of out-patient visits (to determine the cost per visit of out-patient eare). In eomputing the eost of operation, hospitals include the expense of the following: administration, dietary, laundry, housekeeping, heat, light, power and water, repairs and maintenanee, motor serviee, medical and surgieal serviee, nursing serviee and nursing edueation, medieal records and library, social service, x-ray, laboratory, pharmacy, physical therapy, other speeial services and depreeiation. Caleulations may eurrently be based on a six months or a twelve months operational experienee at the discretion of the reporting hospital.

This proeedure for determining rates of payment for hospital serviees may at first glanee seem to be merely a matter of arithmetie. But

the fact that hospitals do not use uniform bookkeeping practices and that there were multiple agencies lending individual interpretations to important items in the cost formula provided opportunity for deviations which were confusing to hospitals and government agencies alike. In addition, budgetary limitations of some of the agencies resulted in the establishment of ceilings which were determined in line with average costs. Each government agency administering programs involving the purchase of hospital care found it necessary to have either a hospital advisory committee or to have hospitals strongly represented on the general advisory committee of their agency. This system involved great duplication of personnel on advisory committees when the essential nature of the hospital administration and accounting problems put to each committee was the same.

In order to reduce administrative costs for both the hospitals and the government agencies and to eliminate duplication of records, the seven agencies purchasing hospital care under the government reimbursable cost formula agreed to use jointly a single hospital accounts analyst in the State Health Department. These seven agencies are: Division of Services for Crippled Children, Division of Vocational Rehabilitation, The Cook County Chapter of the National Foundation for Infantile Paralysis, the Illinois Public Aid Commission, and the Divisions of Cancer Control, Communicable Disease, and Maternal and Child Health of the State Department of Public Health. Under the new arrangement hospitals participating in any or all of the programs of the foregoing agencies simply file a single copy of a statement of reimbursable cost with the State Health Department and designate the agencies to which they wish the confidential information of the approved cost rate to be transmitted. A single advisory council on the purchase of hospital care, with membership as follows, serves the agencies jointly:

Mr. Eugene E. Salisbury, Chairman
Executive Director
Chicago Hospital Council

Mr. Victor S. Lindberg, President
Illinois Hospital Association

Reverend John Barrett
Director of Catholic Hospitals
Archdiocese of Chicago

Mr.Stuart K. Hummel
Superintendent
Silver Cross Hospital

Mr. Charles A. Lindquist
Managing Officer
Sherman Hospital

Roger W. DeBusk, M.D.
Superintendent
Evanston Hospital Association

Monsignor J. L. Gatton
Director of Catholic Hospitals
Springfield Diocese

Mr. Leo M. Lyons
Director
St. Luke's Hospital

Mr. W. H. Markey, Jr.
Accounting Specialist
American Hospital Association

Miss Elizabeth McConnell
Executive Director
Mandel Clinic
Michael Reese Hospital

Miss May C. Busch
Superintendent
Salem Memorial Hospital

The duties of the Committee are:

1. To assist the agencies through the central accounting desk to reach a fair solution to the problems of purchase of in-patient and out-patient care on a cost basis.
2. To unify the approach of hospitals on any Federal regulations that are objectionable in order that the governmental and other agencies may petition the Federal agencies for consideration of any impractical provisions in either the cost formula or program operation.
3. To advise and assist in an educational program on hospital accounting.

The Advisory Committee serving the group of agencies has met twice and has been instrumental in the development of two one-day conferences designed for the dual purpose of acquainting hospital administrators and bookkeeping officers with the nature and extent of the various

government programs involving purchase of hospital care and to provide opportunity for guidance in the technical matters relating to submission of cost analysis data. These conferences are to be held in Chicago on June 5th and Springfield on June 6th, with representatives of the purchasing agencies and the American Hospital Association, Illinois Hospital Association and the Chicago Hospital Council participating in the discussions.

Although there are physicians' services, notably radiology, pathology and anesthesiology, which are closely connected with the operation of hospitals, the hospital cost formula is not considered a mechanism for purchase of medical care. In institutions where individual arrangements with the specialists in the foregoing fields are such that physicians' salaries appear as an item on the books of the hospital, such obligation must, according to the formula, be included in the calculations.

All of the agencies which are jointly using the hospital cost analysis service provided by the State Health Department have their individual medical fee schedules for payment of physicians' services. These medical fee schedules which have been developed independently by each agency in collaboration with its particular medical advisory committee might lend themselves to the same type of uniformity which has been developed between agencies with regard to the purchase of hospital care. Physicians in private practice who are confronted with authorizations and billings for care given under each of the separate programs might be expected to be in the best position to consider the advisability of a joint medical fee schedule for all governmental and voluntary non-profit public agencies.

GRANTS-IN-AID AVAILABLE FOR COURSES IN CANCER

The National Cancer Institute is now prepared to give aid to medical schools for further development of courses in cancer for medical students, Dr. Thomas Parran, Surgeon General of the U. S. Public Health Service announced today. For the first time the National Cancer Institute received authority from the Congress this year to make grants-in-aid to medical schools for this purpose. All of the grants made by the National Cancer Institute in the past have been for the support of research work on cancer.

This new activity of the National Cancer Institute is being inaugurated on the recommendation of the National Advisory Cancer Council which in turn based its recommendations on the results of a conference on cancer in the medical school curriculum held at the National Cancer Institute by a committee of medical educators.

Dr. Parran stated that the new program of aid to medical schools is designed to place greater emphasis upon the integration of cancer instruction in the total undergraduate curriculum. The deans of all medical schools have been advised that the National Advisory Cancer Council is prepared to receive applications for financial assistance in expanding their cancer teaching programs.

Grants will range from $10,000 to $25,000 per year depending upon the activities to be undertaken. Under provisions of the Appropriations Act that authorized this program, funds are available until spent. In order to assure continuity, the Surgeon General announces that funds have been set aside already for next year. It is anticipated that other agencies interested in promoting cancer control work will also give financial assistance to this program.

The Surgeon General added that plans are under way to inaugurate a similar program in dental schools on a somewhat smaller scale in the near future.

The committee of medical educators, whose report resulted in the new program is headed by Dr. Frank E. Adair, Associate Professor of Clinical Surgery, Cornell University School of Medicine, New York, and includes the following Illinois physicians: Dr. Warren H. Cole, University of Illinois College of Medicine, Dr. Roland W. Harrison, University of Chicago, Dr. A. C. Ivy, University of Illinois, and Dr. J. Roscoe Miller, Northwestern University.

Correspondence

REUNION FOR EX-COOK COUNTY HOSPITAL INTERNES

In celebration of the 100th anniversary of the founding of a Charity Hospital for Cook County in 1847, your Alumni Association is planning a full day of activities on Friday, November 7, 1947.

Clinics, Medicine, Surgery and all the Specialties at Cook County Hospital, 8 to 12 A.M. and 1 to 4 P.M.

Luncheon — free — at the Hospital, Noon.

Dedication of "Tice Memorial Library," 4:30 P.M.

Reunion Banquet — Congress Hotel, 6:30 P.M.

Any inquiries concerning this meeting should be directed to William J. Baker, M.D., 7 West Madison Street, Chicago, Illinois.

AMERICAN ACADEMY OF GENERAL PRACTICE

The A. A. G. P. was founded and officers were elected in Atlantic City on June 10th of this year. The academy is becoming firmly organized and the membership is increasing rapidly. It is planned to employ a full time executive secretary and establish headquarters in Chicago soon. The first annual meeting will be held in Chicago next year directly preceding the A. M. A. meeting.

Physicians with 3 or more years of general practice are eligible. Initiation fee is $10.00 and yearly dues are $15.00. Prospective members who join before Dec. 10, 1947 will become charter members.

It is strongly urged that physicians engaged in general practice send for their applications at the earliest opportunity. Application blanks may be secured from Dr. Stanley R. Truman, Secretary, 1904 Franklin St., Oakland 10, California, or Dr. Daniel V. Effron, 4363 Archer Ave., Chicago 32, Ill.

REFRESHER COURSE IN OPHTHALMOLOGY

The Chicago Ophthalmological Society will give a 40-hour refresher course December 8 to 13, inclusive. The faculty will include members of the Eye Departments of The University of Chicago, The University of Illinois, Loyola University, Northwestern University and staff members of all of the principle hospitals of Chicago. Instruction will consist of didactic and practical courses, emphasis being placed on the practical courses given to small groups. Physicians practicing ophthalmology and eye, ear, nose and throat are eligible for the course. The fee will be $100.00. For details write to the registrar, Miss Maude Fairbairn, 8 West Oak Street, Chicago, Ill.

"WHERE WE STAND TODAY IN MEDICINE"

The Institute of Medicine of Chicago opened a series of lectures, September 12, with Dr. Roy R. Grinker, director of the Institute for psychosomatic and psychiatric research and training, discussing "Every Doctor a Psychiatrist." The series of lectures, presented under the title "Where We Stand Today in Medicine," includes the following lectures:

September 26 — Dr. Bobert G. Bloch, professor of medicine, chief, division of pulmo-

nary diseases, University of Chicago, on "Tuberculosis Calcification: Clinical and Experimental Studies."

October 10 — Dr. Herman L. Kretschner, clinical professor of urology, University of Illinois College of Medicine, on "Present Status of the Prostatic Problem."

October 24 — Dr. Stanley Gibson, professor of Pediatrics, Northwestern University Medical School, on "Indications for Surgery in Congenital Cardiovascular Anomalies."

November 14 — Dr. Paul W. Greeley, clinical associate professor of surgery, head, division of plastic surgery, University of Illinois College of Medicine, on "Scope and Possibilities of Modern Plastic Surgery."

November 28 — Dr. John R. Lindsay, professor of otolargyngology, University of Chicago, on "Meniere's Disease: Diagnosis and Treatment."

December 12 — Dr. Ralph E. Dolkart, assistant professor of medicine, Northwestern University Medical School, on "Clinical Problems in the Use of Antibiotic Therapy."

Written: August 27 1947

Source; Institute of Medicine of Chicago.

The program was arranged by the Committee on Postgraduate Activities of the Institute of Medicine of Chicago, comprising of Joseph L. Baer, chairman, and Drs. George H. Coleman, Henry T. Ricketts, Daniel J. Glomset, and Samuel Soskin.

POSTGRADUATE DIVISION ESTABLISHED AT ILLINOIS

Establishment of a postgraduate division at the University of Illinois college of medicine for administration of widely differing kinds of advanced teaching was announced today by Dr. John B. Youmans.

Dr. Youmans, dean of the college of medicine, said that the new division is designed to improve the character and quality of postgraduate teaching. It also will facilitate the extension of postgraduate teaching to physicians residing outside of the Chicago area.

The new division, approved by the University's board of trustees, will correlate all postgraduate courses in medicine offered at the Chicago Professional Colleges. The University has offered advanced medical courses for many years, and recently has expanded its postgraduate program for veteran physicians returning from service. Instruction has been conducted by individual units and departments.

At least 11 courses will be offered by the postgraduate division during the 1947-48 school year. Courses are expected to include instruction in ears-nose-throat, diseases of the eye, basic neuropsychiatry, basic medical sciences, dermatology, pediatrics, and allergy.

Most of the classes will be conducted for nine months duration, although several short courses, ranging from two to 12 weeks, will be offered.

More than 150 physicians received instruction in the postgraduate courses last year. The program is conducted separately from the graduate school.

APPROVED RESIDENCY IN UROLOGY

The Department of Urology of Mount Sinai Hospital of Chicago announces that a Residency in Urology has been established and approved by the American Medical Association.

Interested applicants may apply to the Medical Director of the Hospital.

APPLY NOW FOR ORTHOPAEDIC SURGERY EXAMINATION

Applications for Part I of the examination of The American Board of Orthopaedic Surgery must be received by the Secretary, Dr. Francis M. McKeever, 1136 West 6th Street, Los Angeles 14, California, January 15, 1948. Your *early* compliance will be greatly appreciated.

Information relative to examining centers and dates will be announced at a later date.

The general hospital is in a unique position in tuberculosis control. Institutions in large cities, especially, can participate actively in such necessary contingent aspects of control as rehabilitation and the social and economic problems posed by this family and community disease. For highest effectiveness, hospital services for the tuberculous should be integrated with the public health programs in the city, town, or county. In every institution, the general practitioner must be an active participant in the radiography program. He provides the hospital with its patients, makes the final diagnosis, and treats those persons who are singled out by routine chest X-ray. Editorial, Pub. Health Rep., May 2, 1947.

Original Articles

THE PATHOLOGICAL ANATOMY OF DIABETES MELLITUS

E. T. Bell, M.D.
MINNEAPOLIS, MINNESOTA

From the standpoint of pathological physiology diabetes mellitus is due to insulin deficiency. This deficiency is usually considered the result of a decreased production of insulin, but it is possible that overactivity of another endocrine gland causes an increased demand for insulin and this brings about a relative insufficiency of this hormone. The basic physiological disturbance is a failure of the organism to utilize sugar so that it accumulates in the blood and is excreted in the urine. Since carbohydrate can not be used the stores of protein and fat are drawn upon. The loss of protein causes a decrease of body weight, and incomplete oxidation of fats leads to ketosis and coma. In uncontrolled severe diabetes hyperlipemia develops. The fat is drawn from the fat depots but the mechanism of this disturbance is not understood. The glycogen content of the liver is decreased when the diabetes is not under control.

Diabetes is associated with structural changes in the pancreas and the arterial system. As a result of the vascular disease characteristic alterations may develop in the kidneys. Diabetes also accelerates atherosclerosis and promotes the development of coronary disease, gangrene of the lower extremities and cerebral infarction.

The pancreas. Microscopic changes. — Diabetes can rarely be recognized by a macroscopic study of the pancreas. In those rare instances of chronic interstitial pancreatitis in which the entire gland is converted into a small fibrous cord diabetes develops because the interstitial fibrosis destroys the islets as well as the acinar tissue. In occasional cases of extensive carcinoma and acute hemorrhagic pancreatitis the pancreas is almost entirely destroyed and the symptoms of diabetes develop; but these rare instances are more comparable to pancreatectomy than true diabetes. In the vast majority of cases the diabetic pancreas exhibits no macroscopic evidence of disease.

Microscopic changes. In 1900 Opie first described hyaline degeneration of the islets in diabetes. In about 50 per cent of persons dead of diabetes some degree of hyaline degeneration of the islets is found. The hyaline material is deposited between the epithelial cells and the capillary walls in the same manner that amyloid is deposited in the liver. It gives a faint amyloid reaction with gentian violet. The amount of the hyaline deposit varies from a trace in a few islets to complete replacement of the large majority, but in most instances the greater part of the insular tissues is unaffected. In 50 per cent of diabetics no hyaline deposits are found in the islets. There is no evident relation between the clinical severity or duration of the disease and the extent of the hyaline replacement of islet tissue. It is clear that hyaline degeneration is not the explanation of islet insufficiency in diabetes.

When the islets are stained with hematoxylin-eosin the cells, apart from those compressed by the hyaline deposits, usually appear entirely normal; but occasionally one finds pyknotic

Table 1. Beta granulation and hyaline islets in diabetes

	0	1	2	3	Total
Beta granulation	18	30	13	15	76
Hyaline islets +	7	19	8	5	39
Hyaline islets —	11	11	5	10	37
Hyaline islets —, Betas +				(20%)	15

nuclei or other evidence of disintegration of a few cells. With Gomori's stain, however, striking changes are often seen. In a normal islet stained by this technique the granules in the beta cells are stained blue, and the alpha cells have a homogeneous cytoplasm that takes a light or a deep red color. The alpha cells are unevenly distributed among the betas and seldom constitute more than 10 per cent of the islet cells. In 76 diabetic pancreases stained by Gomori's method which I have studied, 25 per cent showed no beta granules and 38 per cent showed a very marked reduction of beta granules. In 63 per cent of this small series a diagnosis of diabetes could be made on the basis of the deficient beta granulation. However, in 37 per cent the beta granulation was either normal or only moderately reduced. The degree of degranulation of the betas could not be coordinated with the severity or any other feature of the diabetic state. The alpha cells are unaffected.

In eleven of the 76 cases (15 per cent) hyaline islets were found with no decreased granulation of the persistent beta cells, but in some of these there was a notable decrease in the number of beta cells. In 22 of the 76 cases (30 per cent) there were no hyaline islets but the betas were severely or completely degranulated. In 15 of 76 cases (20 per cent) the betas showed normal granulation and there were no hyaline islets. By the use of Gomori's stain a diagnosis of diabetes could be made on 80 per cent of the diabetic pancreases, but there remain 20 per cent of diabetics in which a histological diagnosis of diabetes can not be made with the techniques now available.

Assays of the human diabetic pancreas show a marked reduction of the insulin content, but no comparison has been made between pancreases with and without beta granulation. We do not know whether beta granules represent stored insulin, but they are evidently related in some way to the functional state of the cells. Perhaps the diabetic pancreas forms some insulin but not enough to satisfy the demand. The fact that the beta cells are not necrotic suggests that diabetes is not a primary disease of the islets, but that it is due to some extrapancreatic influence that either inhibits the formation of insulin, neutralizes it or increases the demand for the hormone beyond the amount that the islets can supply.

Alloxan diabetes. Diabetes may be produced easily in dogs, cats, rabbits, rats, mice and monkeys by injections of alloxan in appropriate doses. This poison causes necrosis of practically all of the beta cells but does not injure the alpha cells. The diabetes produced in this way is similar to human diabetes in all essential clinical respects. It proves conclusively that the beta cells produce insulin. In long-standing cases of alloxan diabetes the islets are usually small and they are composed almost entirely of alpha cells. Only an occasional beta cell is found. Sometimes large islets composed of alpha cells are found. There is no evidence that the betas regenerate to any notable extent, but the alphas may increase. Animals with mild alloxan diabetes may recover but those with severe diabetes do not. The essential anatomical difference between alloxan diabetes and the human disease is that in the former the beta cells are almost entirely necrotic or absent. In human diabetes the betas are often partly or completely degranulated, but they may show normal granulation and they seldom show any other retrogressive change except in islets filled with hyalin.

The role of the hypophysis in diabetes. There is no evidence that the hypophysis elaborates a pancreatrophic hormone, since hypophysectomy does not result in any structural changes in the islets or in any impairment of their secretory capacity. There is however clinical evidence that the hypophysis exerts an inhibitory effect upon the islets, since in hyperpituitarism (acromegaly) there often develops decreased carbohydrate tolerance, glycosuria and rarely diabetes. Experimentally Young demonstrated that repeated injections of anterior pituitary extract in dogs produces hyperglycemia, glycosuria and finally permanent diabetes. Associated with the diabetes there is found degranulation, hydropic degeneration and atrophy of the beta cells without injury to the alphas. The end result is not unlike that of alloxan diabetes. When insulin is given

simultaneously with the pituitary extract diabetes does not develop. It has therefore been suggested that the pituitary extract stimulates the thyroid and adrenals and thereby increases the demand for insulin. The degeneration of the betas is attributed to functional exhaustion. Recently, 1947, Anderson and Long have demonstrated a direct inhibitory effect of the anterior pituitary growth hormone upon the beta cells. They transfused the rat pancreas with a perfusate containing a high content of glucose corresponding to hyperglycemia. The hyperglycemic perfusate caused the pancreas to secrete insulin but when purified pituitary growth hormone was added to the perfusate no insulin was formed. This experiment suggests that the pituitary growth hormone acts directly upon the beta cells and suppresses the formation of insulin or neutralizes the insulin that is formed. If we assume that the pituitary extract neutralizes insulin, experimental pituitary diabetes could be explained as neutralization of insulin and consequent functional strain on the islets caused by the hyperglycemia.

The role of the thyroid in diabetes. In hyperthyroidism the glucose tolerance is often decreased and the patient may develop hyperglycemia and glycosuria. Diabetes associated with hyperthyroidism is difficult to control. Thyroxin increases basal metabolism and creates a greater demand for insulin. Apparently the hyperglycemia in hyperthyroidism is due to relative insulin insufficiency. Thyroxin administered to diabetic animals intensifies the diabetic state, and thyroidectomy produces some amelioration of the symptoms. The diabetogenic dose of alloxan is less in an animal previously given thyroid powder, and is greater in a thyroidectomized than in a normal animal. Anderson and Long found that the addition of thyroxin to the fluid with which they perfused the rat pancreas did not effect the formation of insulin. The evidence indicates that thyroxin does not act directly upon the islets, but that it increases basal metabolism and creates a greater demand for insulin.

The role of the adrenals in diabetes. Blood sugar is often subnormal in Addison's disease. Adrenalectomy produces a marked decrease of hyperglycemia and glycosuria in alloxan-diabetic animals. Bickel reported a case of diabetes in which Addison's disease developed and produced a marked amelioration of the diabetic symptoms. When desoxycorticosterone was given this patient the symptoms referable to adrenal insufficiency improved and the diabetic symptoms did not recurr, but when cortin was given hyperglycemia and glycosuria reappeared.

Glycosuria has been produced in rats by injection of an adrenal steroid 17 — hydroxycorticosterone, and also by purified pituitary adrenocorticotrophic hormone. It is believed that the hypophyseal hormone acts through the adrenals since it causes a great hypertrophy of these organs. The adrenal steroid hormones are believed to cause hyperglycemia by promoting glyconeogenesis (the formation of glucose from protein or fat).

The influence of the level of the blood sugar upon the beta cells. It is known that the insulin content of the pancreas is decreased by starvation and by a diet high in fat and low in carbohydrate. In both human and experimental diabetes the insulin content of the pancreas is low. Presumably the insulin content is a measure of the activity of the beta cells. In perfusing the rat pancreas Anderson and Long found that a high glucose level in the perfusate caused a secretion of insulin while a low glucose level did not. Dohan and Lukens produced permanent diabetes in cats by repeated injections of glucose which maintained a constant hyperglycemia. These experiments indicate that hyperglycemia stimulates the beta cells to form insulin, and that a persistent severe hyperglycemia tends to exhaust the betas and cause them to degenerate and thus establish permanent diabetes. Evidence of this kind supports the view that diabetes is not a primary disease of the beta cells but that it is due to extrapancreatic influences that cause hyperglycemia in some unknown way.

SUMMARY

It is definitely established that the beta cells of the islets produce insulin. In alloxan diabetes the betas are all destroyed as a direct acute toxic effect of alloxan. In pituitary diabetes the beta cells are exhausted by the hyperglycemia and undergo a slow degeneration. In the great majority of human diabetics very few beta cells are destroyed but they are frequently more or less degranulated, suggesting that they are injured to some degree.

The pituitary growth hormone acts directly upon the beta cells and appears to neutralize

insulin or to prevent its formation. The thyroid promotes hyperglycemia by increasing the demand for insulin. The adrenal steroids promote glyconeogenesis, thus causing hyperglycemia. The adrenocorticotrophic hypophyseal hormone acts through the adrenals to promote glyconeogenesis.

The arteries. In some unknown way diabetes accelerates the development of atherosclerosis. Atherosclerosis is more severe in diabetics than in non-diabetics of corresponding age. Every individual in advanced life has some degree of atherosclerosis, but diabetics develop the clinical signs of atherosclerosis earlier in life and more frequently. Coronary disease, hypertension and gangrene of the lower extremities occur more frequently in diabetics than in non-diabetics of corresponding age. Clinical atherosclerosis is not often seen in young diabetics. Diabetes does not cause atherosclerosis but it accelerates its development.

The influence of diabetes upon the arteries is best studied in the kidneys. The small arteries of the kidneys show some degree of intimal thickening (atherosclerosis) in every individual over 50 years of age, but in diabetics the intimal thickening is more pronounced. Intimal thickening of grades 2 and 3 was present in 62 per cent of 333 non-diabetics but in 82 per cent of diabetics over 50 years of age. In the same groups renal arteriolosclerosis was found in 16.3 per cent of the non-diabetics but in 77.6 per cent of the diabetics. The afferent arterioles to the glomeruli frequently show a broad band of subintimal hyaline which is characteristic of diabetes. Hypertension is somewhat more frequent in dibetics than in non-diabetics of corresponding age.

The intensity of arterial disease in diabetes is related directly to the age of the individual but not to the intensity or duration of the diabetic state. It is just as severe in mild diabetics controllable by diet alone as in severe diabetics who require large amounts of insulin. The mechanism by which the diabetic state accelerates atherosclerosis is unknown. It has been suggested that hyperlipemia is responsible, but the blood lipids are usually not notably increased except in severe uncontrolled cases.

The kidneys. The changes in the renal arteries and arterioles have just been discussed. The glomeruli often show lesions which are characteristic enough to warrant the diagnosis of diabetes. The glomerular lesions are of two types: (a) diffuse, and (b) nodular. (a) The diffuse lesions resemble chronic glomerulonephritis in that there is a great increase of tissue between the capillaries of uniform distribution through the glomerulus. The thick intercapillary septa are formed by thickening of the basement membranes of the capillaries. It is a thickening of capillary walls and not an intercapillary fibrosis. The diffuse lesions are nearly as frequent as the nodular forms. Nodular lesions are very striking in that they consist of hyaline spheres within the glomerular lobules. They also are formed by thickening and fusion of capillary basement membranes.

Both the diffuse and the nodular lesions are found only in glomeruli with severe hyaline thickening of the afferent arteriole. The lesion seems to extend from the arteriole into the glomerulus.

In my series of 575 diabetics no glomerular lesions of either type were found in persons under 30 years of age, and less than 10 per cent of those between the ages of 30 and 50 years showed glomerular lesions. In persons over 50 years of age nodular lesions were found in10.5 per cent of the males and 21.4 per cent of the females. When the diffuse lesions are included the incidence of glomerular lesions is 22 per cent in males and 36 per cent in females over 50 years of age.

It is now possible to diagnose about 80 per cent of the cases of diabetes by histological study of the pancreas and a small additional group may be recognized by study of the kidneys.

Causes of death in diabetes. In a series of 606 cases of diabetes studied at autopsy, 22.3 per cent died of diabetic coma, 10.6 per cent from infections related to the diabetic state, 0.8 per cent from hypoglycemia, 4.1 per cent from myocardial insufficiency, 11.2 per cent from coronary disease, 5.4 per cent from apoplexy, and 0.7 per cent from uremia. Approximately two-thirds of the subjects died of some complication related to diabetes.

The Greek death rate from tuberculosis is reported to be between 250 and 450 per hundred thousand of population as compared with 40 in the United States. JAMA, July 26, 1947.

METHACRYLIC RESIN IMPLANT FOR SUNKEN UPPER LID FOLLOWING ENUCLEATION

H. Saul Sugar, M.D.,
DETROIT
and Harvey J. Forestner, D.D.S.,
ST. LOUIS

The most common cause for failure to obtain satisfactory cosmetic results with ocular prostheses is a sinking of the upper lid which cannot be corrected by building up the prosthesis itself. To correct this the authors have devised a methyl methacrylate permanent implant which satisfies the criteria of 1) satisfactory cosmetic improvement, 2) simplicity of technique, 3) a minimal period of hospitalization, and 4) a minimal period of postoperative reaction and interference with fabrication of the prosthesis.

Previous methods to correct this defect have employed fascia lata or skin. Cutler[1] has recently improved the fascia method. However, use of fascia lata entails certain disadvantages. First, a period of hospitalization is required for healing of the donor site. Secondly, some fibrosis of the fascia occurs. In addition adhesions form between the fascia and the adjacent tissues, making removal, if necessary, difficult.

The forms for the first group of implants were made in wax from impressions of the orbits of several patients. Molds of the wax forms were then made and the implants then formed of a methyl methacrylate dough composed of one part of the monomer form and three parts of the polymer form of the resin. The "curing" was done in a press clamp producing 300 to 400 pounds of pressure per square inch. Some were made at a temperature of 80° C for sixteen to eighteen hours while others were processed in boiling water for one and one-half to two hours. The implants were smoothed and polished and made in sizes varying from 27 to 30 mm. in length and 5 to 8 mm. in width at the center. All subsequent patients were fitted with stock implants. When necessary they were ground down to smaller size.

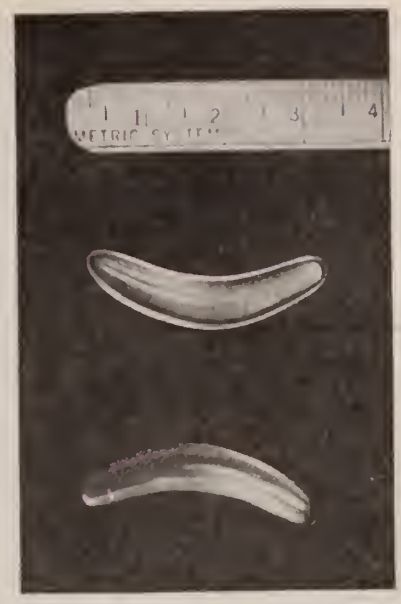


Figure 1. Photograph of back and front surfaces of implant.

Consideration of the possible toxic properties of methyl methacrylate revealed that the solid polymeric form has no toxic effect on the tissues of mice[2]. The liquid monomer form, however,

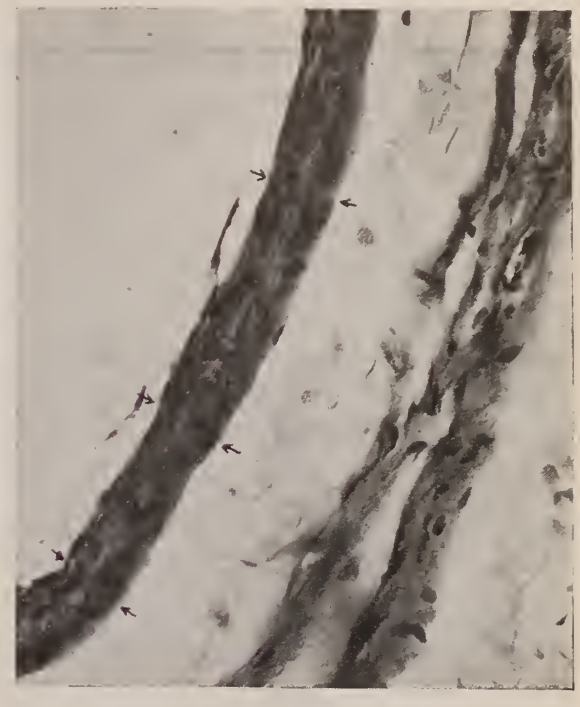


Figure 2. Photomicrograph of eyelid of rabbit one month after implantation of methyl methacrylate. Arrows point to capsule surrounding space previously filled by implant.

Presented before the Section on Eye, Ear, Nose and Throat, 106th Annual Meeting of the Illinois State Medical Society, Chicago, May 14-15, 1946.

From the Eye Department, Barnes General Hospital, U.S. Army and the University of Illinois. Continuation of this study under grant from the W. K. Kellogg Foundation.

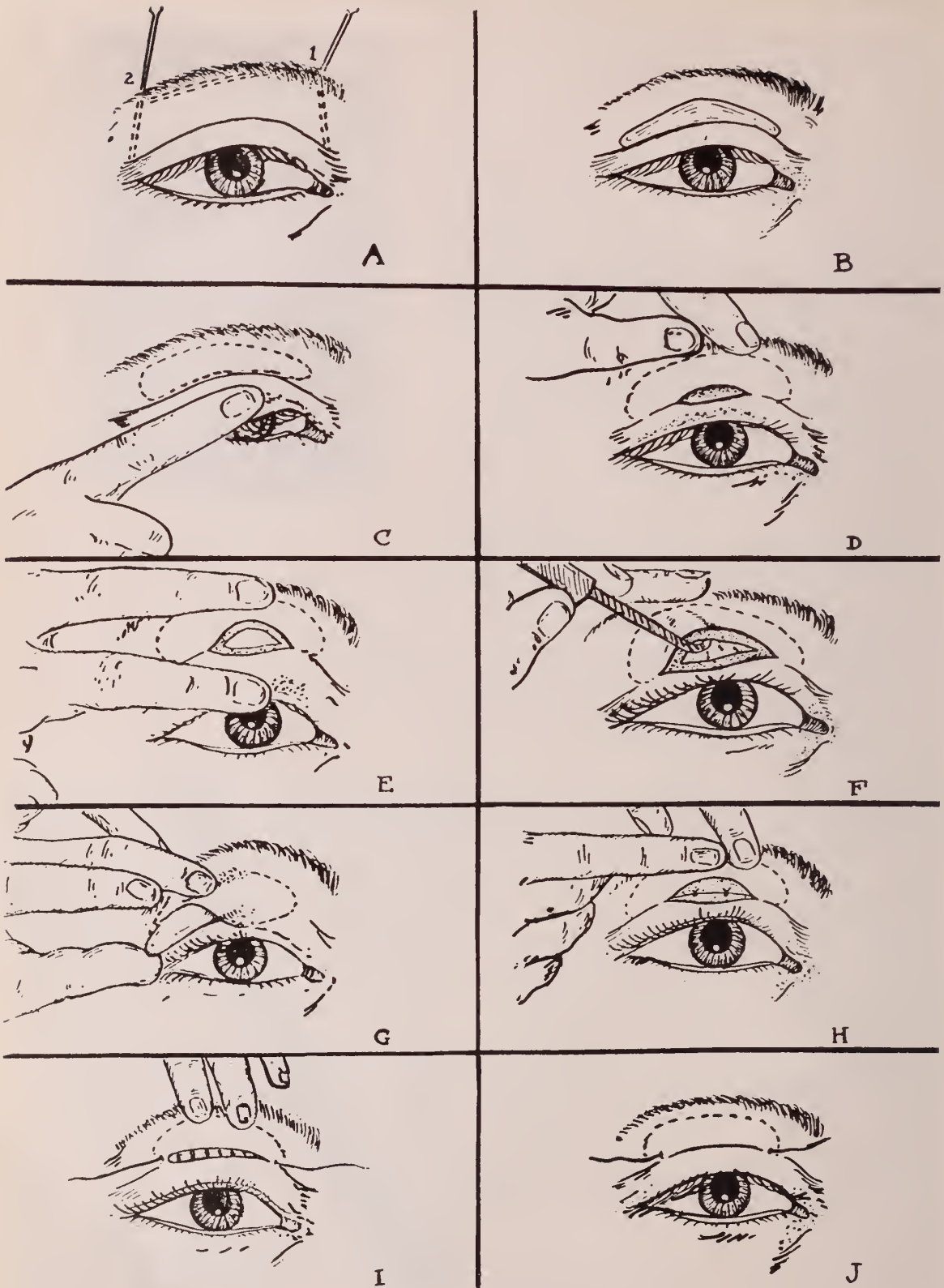


Figure 3. Procedure used for implantation of methyl methacrylate.
A — Anesthesia
C — Outline of implant drawn with gentian violet
E — Splitting of orbicularis. The orbital septum is exposed.
G — Insertion of the implant
I — Subcuticular skin suture
B — Implant placed in position on lid
D — Skin incision
F — The undermined orbicularis in the area outlined on the skin.
H — Suturing of the orbicularis edges
J — Operation completed

has been found to have about the same order of toxicity as acetone[2]. But during the process of "curing" or polymerization, the monomer is changed to the polymeric form. Acording to the manufacturers, the resin which is processed at the temperature of boiling water is most stable and fully polymerized.

Acrylic resins have been successfully used in other fields of surgery. Gurdjian, Webster and Brown[5] used methyl methacrylate (plexiglass) for filling a skull defect and reported no deleterious action after fifteen months. Walker, Taggart and Lambros[6] have also successfully used acrylic resin plates for filling skull defects. Harmon[7] used methyl methacrylate (plexiglass) for reconstruction of femoral head. Brown[4] used acrylic resin implants for correcting nasal and chin deformities. As an implant into Tenon's capsule after enucleation, plastic spheres have been used by Wright[8], Cutler[9], Eggers[10], Berens and Rothbard[11] and others.

Experimental insertion of small implants into the eyelids of three rabbits revealed that there was no difference in reaction to the plastic processed by the two different methods. Three implants were allowed to remain for one month and two for two months. The lids were then studied. Grossly they were soft and the skin moved normally over the implants. There was no gross evidence of inflammation. The implants were free and each was surrounded by a thin pale pink membranous sac with a glistening inner surface. Miscroscopically sections of the eyelid revealed[12] a "hollow tract bounded anteriorly by the subcutaneous connective tissue and fibres of the orbicularis muscle and posteriorly by a few fibers of the cribcularis muscle and the palpebral fascia. The tract is lined by chronic granulation tissue which, by compression and organization, is being converted into dense fibrous tissue and lined by a flattened layer of fibroblasts and endothelial cells. A few scattered monocytes and lymphocytes are found in this granulation tissue. At the outer edge of the trace there are rare multinucleated giant cells of the foreign body type. A few scattered lyphocytes and monocytes are found in th lamona propria of the conjunctiva". See figure 2.

A biopsy of the anterior wall of the implanted cavity was taken in one patient during substitution of a longer implant one month after insertion of the orginal implant. At the time of reoperation the cavity had the same glistening pale-pink appearance described for the rabbit lid implants. Microscopically it had the same thin granulation tissue membrane around it that was found in the rabbit eyelids.



Figure 4. Photographs before and after the use of methyl methacrylate implant.

A total of 20 patients had methyl metacrylate implants inserted. Satisfactory cosmetic results were obtained in all. See figures 4, 5 and 6.

The implantation procedure is shown in figure 3 (A-J). After the usual preoperative medication with morphine and scopolamine and preparation of the skin, a block type of anesthesia is employed, using 2 percent procaine hydrochloride solution. A small quantity of procaine is injected thru the skin over the supraorbital notch. The needle is then carried down toward the inner canthus and a small quantity of procaine injected at the inner angle of the upper lid (figure 3-A). The needle is then inserted at the outer end of the brown, the needle carried down to the outer



Figure 5. Photographs showing results of the use of methyl methacrylate implant.



Figure 6. Photographs showing results of the use of methyl methacrylate implant.

angle of the upper lid, a small quantity of procaine being inserted under the skin of the brow toward the supraorbital notch, injecting a small quantity of procaine as the needle is inserted. This type of anethesia does not interfere with the proper placing of the implant by distortion of the tissues and does not interfere with the levator action. After about five to ten minutes, anesthesia is complete. The patient wears his prosthesis during the procedure. The implant is sterilized in mercury bichloride solution and placed in its desired position on the upper lid (figure 3 B) about 1 mm. above the orbitopalpebral sulcus with its temporal end lying just temporal to a vertical line drawn upward from the external canthus. The center of the implant then lies somewhat temporalto to the center of the lid. An outline of the implant is drawn on the skin with a toothpick and a weak solution of gentian violet or mercurochrome (figure 3 D). The skin is held taunt by an assistant who merely pulls the brow upward with two fingers.

As soon as the skin incision is complete the orbicularis muscle is exposed (figure 3 E). By blunt dissection with a Stevens tenotomy scissors the orbicularis is split along the same line as the skin incision and the orbicularis undermined in the area of the implant outline, forming two pockets, nasally and temporally (figure 3 F). The orbital septum lying beneath the orbicularis is easily recognized. One end of the implant is then inserted and then the skin and orbicularis pulled over the other end (figure 3 G). The implant then lies smoothly in its perepared location. The edges of the orbicularis muscle are sutured together with two mild chromic 4-0 catgut sutures (figure 3 H). A subcuticular silk suture in the skin completes the operation (figure 3 I & J. A pressure bandage is then applied.

Eleven of the twenty patients were not hospitalized for the surgical procedure.

The only complications were two instances of lid ecchymosis. In four instances the implant was removed and substituted by either a larger or smaller one.

Two interesting facts were revealed from a study of these cases: First, that a prolonged interval between enucleation and the original wearing of a prosthesis is not necessarily a cause of sinking of the upper lid, and second, that the presence of an implant in Tenon's capsule does not preclude the occurrence of lid sinking. In 11 of the 20 patients there was a time interval of less than one month between the enucleation and the first wearing of a prosthesis. Five of the twenty had had spheres implanted into Tenon's capsule after the enucleation.

The cases were followed for a period of about two to four months and then by correspondence for another six months. Further follow-up over a period of years is hoped for to complete this preliminary study.

CONCLUSIONS

A preliminary study is presented of a simple method of filling out the depression in the upper lid which sometimes results after enucleation of the eyeball. No evidence of untoward result from the use of methyl methacrylate as a permanent implant has thus far been observed.

2311 David Broderick Tower,
Detroit 26, Michigan.

REFERENCES

1 Cutler, N. L. Fascia Lata Transplant for Retrotarsal Atrophy of the Upper Lid following Enucleation A.J.O. 29: 176, Feb. 46.
2 Haag, H. B. in Spealman, C. R., Main, R. J., Haag, H. B., and Larson, P. S.: Monomeric Methacrylate, Industrial Medicine 14: 292, 1945.
3 Personal Communication from the Vernon-Benshoff Co., Pittsburgh, Pa.
4 Brown, A. M.: Sculpturally Molded Synthetic Implants in Plastic Surgery. Arch. Otolaryngology 39: 179, (Feb) 1944.
5 Gurdjian, E. S., Webster, J. E., and Brown, J. C.: Impression Technique for Reconstruction of Large Skull Defects. Surgery 14: 876, (Dec) 1943.
6 Walker, A. E., Taggart, J. K., Jr., and Lambros, V. S. in Lambros, V. S.: Repair of large cranial defects. Arch. Surgery 46:575, (Apr) 1943.
7 Harmon, Paul H.: Methacrylate Resins in Surgery. Modern Plastics 20:56, 1942.
8 Wright, R. E.: Plastic Spheres for implantation into Tenon's Capsule in the Frost-Lang type operation for enucleation of the eyeball. Brit. J. Ophth. 28:573 (Nov) 1944.
9 Cutler, N. L., Personal communication.
10 Eggers, H.: A New Type of Enucleation Implant. Amer. Jour. Ophth. 28: 1015, Sept 1945.
11 Berens, C. and Rothbard, S.: Synthetic plastic material for implantation into orbit following enucleation. Amer. Jour. Ophth. 24: 550, May 1941.
12 Report by Dr. R. S. Aronson, pathologist.

DISCUSSION

Dr. Derrick Vail, Chicago: Dr. Sugar's work is one that commands a great deal of respect and attention. I suppose I have been attending ophthalmological medical meetings for twenty years, and I believe I am right in saying that in relatively few meetings has a new idea been presented that looks as if it would revolutionize medical thinking. (This procedure of which Dr. Sugar has told you is very important to the individual who has a depressed eyelid following enucleation. To him it is extremely important. The evolution of the making of the plastic eyes and subsequent development of plastic implants of various kinds as a result of war ophthalmology is extremely interesting and instructive.

I do not intend to go into detailed history on this, except to say that as a result of the urgent need for artificial eyes which could not possibly be supplied, by faulty supply and poor supply of glass eyes, the army took it upon itself to make these eyes through the dental corps in the army. Working with this material has stimulated the use of acrylic plastic for other work. In addition to what you have seen, there are other parts of the orbit that can be helped by implants of acrylic resin. I have in mind repair of fracture of the floor of the orbit.

What to do about the depressed upper lid? Dr. Sugar mentioned that the use of an orbital implant immediately following enucleation does not prevent depression. I can vouch for that and so can you. There is no question that it makes a better cosmetic operation. However, many enucleations were done in war zones by men who were not particularly skillful in ophthalmic surgery, and who were not supplied with proper materials. The army supplied glass ball implants and the dental corps developed acylic implants, but due to conditions and relative inexperience of the operators, few cases reached the States who had orbital implants. As a result, the men in army ophthalmology in this country were stimulated to do everything they could to improve the cosmetic results, in the secondary repair of simple enucleation cases, not only in so far as Dr. Sugar's work is concerned, but also in secondary implants of acrylic material.

Recently an article in the Archives by Lt. Colonel Norman Cutler describes the use of a fascia lata sling, as mentioned by Dr. Sugar. I was pleased to hear Dr. Sugar point out the objections to fascia lata. The idea is good but the end results leave something to be desired. It is interesting to follow Dr. Sugar's evolution of thought. He is one of the few individuals who is not satisfied with the status quo. He was interested when he saw these individuals and had initiative enough to carry through his idea by very able study, as is shown by the histologic study of these implants. I sum up by saying I congratulate Dr. Sugar for bringing us something new, and contributing something of benefit to these poor individuals who need that help.

Dr. J. M. Richardson, Chicago: In doing the Blaskovicz operation for lid ptosis it is necessary to

restore the iid fold, because following surgery the lid fold disappears. This is due to the fact that those levator fibres which run forward to attach to the skin and which from the lid fold are cut during the surgery. I have had such cases, and it occurred to me it is the tension of these fibers of the levator muscles which are responsible for increase of the fold following enucleation, and I wonder if Dr. Sugar has made a section of these fibers in the operative correction of the deepened lid fold.

Dr. Thomas D. Allen, Chicago: I would like to ask Dr. Sugar whether he has tried autogenous cartilage implants. We have been doing this for the last twenty years at the Infirmary and at Cook County Hospital. We take a little piece about one inch long, half as thick as the little finger and about as curved as the little finger, usually from the edge of the ribs, and we have implanted that through a little incision in the outer edge of the lid, through which we get under the orbicularis and keep above the fascia of the lid. We extend the incision with a dissector until we have room enough to push in this piece of cartilage. It has been fairly satisfactory.

Dr. H. Saul Sugar, Chicago, (closing): I want to thank Dr. Vail for his kind remarks. As to involvement or interference with the levator in the Blaskovicz procedure, the incision that is made for this procedure is made above the orbitopalpebral fold. This is the point where the levator begins to turn backward into the orbit. If you realize that the implant is not placed directly up and down, but in a forward manner, you will see that it lies underneath the brow, not in the lid proper. It does not have any direct relation to the levator and does not interfere with the function of the latter. I have had no experience with cartilage in this particular field.

TULAREMIA IN ILLINOIS

HERBERT E. MCDANIELS, PH.D.
SPRINGFIELD

Definition.— Tularemia is an infectious disease of wild animals caused by a minute microorganism, *Pasteurella tularensis.* Humans become infected by handling diseased animals, or through the bites of blood-sucking insects which have fed on such animals. It appears that wild rabbits are the most important reservoir for tularemia in Illinois. Although there are many species of animals which may be naturally infected, about 95 percent of Illinois cases are acquired by skinning or cleaning wild rabbits.

Historical.— The history of tularemia is quite fascinating. Its identity and complete description were worked out entirely by Americans, the first such incident in history. As the work on yellow fever was done by members of the United States army, so tularemia was the result of observations and research made by members of the United States Public Health Service. Also as yellow fever affected so many of the soldiers in Cuba, so has tularemia laid low those who sought to conquer it. The six members of the force connected with tularemia investigations in 1919 to 1921 contracted the disease despite the most elaborate precautions to prevent infection.

Observations by McCoy[1] in 1911, while examining ground-squirrels for plague, led to the discovery of *Pasteurella tularensis,* named for Tulare County, California where it was first discovered. He says, "It was the absence of the pest-like organisms in the first inoculated animal dead of this disease that led us to suspect that we were not dealing with plague." Then followed further observations by McCoy and Chapin[2,3] the next year in which they reported the isolation of the causative organism and gave a description of some of its properties.

Wherry[4] made an investigation in 1914, following reports of large numbers of Indiana and Kentucky rabbits dying of epizootic. He isolated *P. tularensis* from two rabbits found dead on a farm in Switzerland County, Indiana. Wherry also pointed out the danger of transfer of the infection from rabbits to men.

Wayson,[5] in 1914, studied the transmission of tularemia by stable-flies and house-flies and was able to produce the disease in experimental animals by means of contaminated flies.

Francis, Lake, and Mayne,[6,7] 1919-1921, further examined insect transmission of tularemia. They showed that the rabbit louse was capable of transmitting the disease from rabbit to rabbit; and that deer-flies could infect man. In this connection it should be mentioned that Pearse,[8] in 1911 — before the laboratory side of tularemia was worked out — read a paper at a meeting of the Utah State Medical Association on the subject of insect bites. Among his cases were six which he described as being due to the bite of a large black and yellow horse fly. From the clinical observations and descriptions he gave, it is quite evident that these were cases of tularemia.

The period 1921-1924 brought forth studies of additional human cases, and discoveries of

From the Division of Laboratories, Illinois Department of Public Health, Roland R. Cross, M.D., Director.

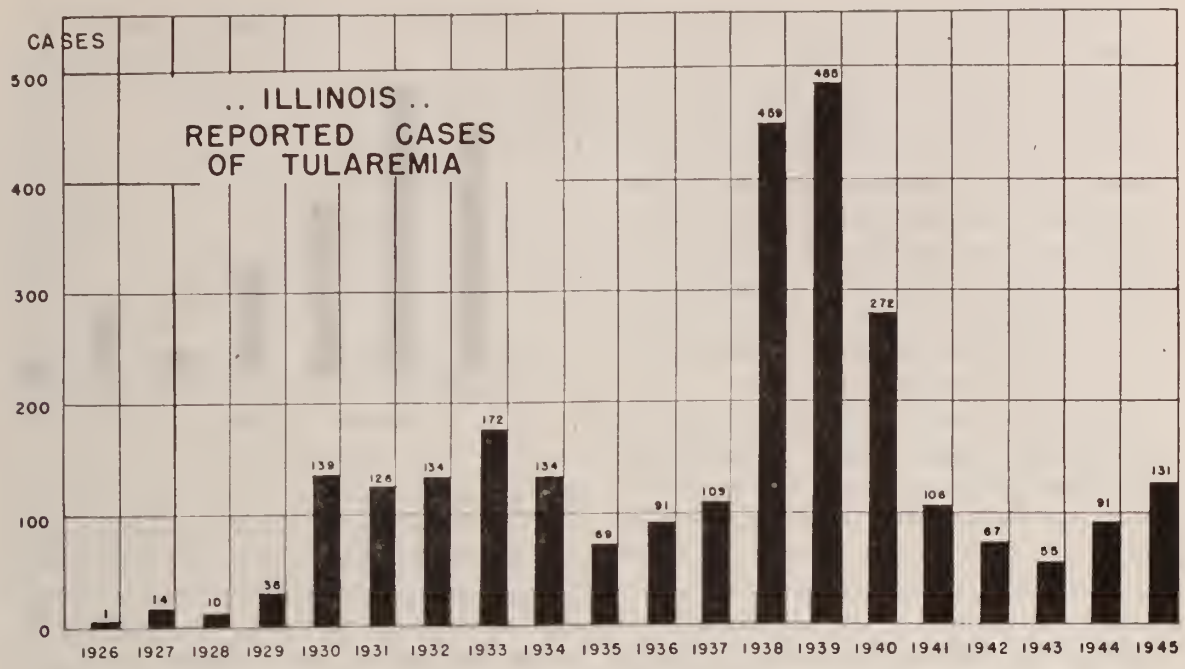


CHART 1

more insect vectors. In Japan in 1925, Ohara[9] described an acute ferbrile disease transmitted by wild rabbits. This was later (1926) shown by Francis and Moore[10] to be identical with tularemia.

Two Russian epidemics[11,12] have been reported (1926 and 1928) due to catching and skinning water-rats which were driven into the fields by high water. From the detailed descriptions of the cases, it is very likely that the disease was tularemia.

Outbreaks of tularemia among water animals may occasionally cause contamination of ponds or streams. A series of human cases among Russian hay-mowers was traced to stream water which they drank (1936).[13] An epizootic of tularemia among beavers in certain Montana streams (1940)[14] led to pollution of the water, but no human cases resulted. In both instances *P. tularensis* was isolated from the water.

In subsequent years, tularemia in the following animals in nature has been reported: Ground squirrels, wild rabbits and hares, wild rats and mice, quail and grouse, sheep, water-rats, musk-rats, sage hens, opossums, fox-squirrels, woodchucks, young coyotes, pocket gophers, porcupines, chipmunks, gray foxes, beavers, and pheasants.

Clinical Types. — Tularemia in humans usually appears in one of the following forms:

(1) The ulcero-glandular, in which the primary skin lesion is a papule which later develops into an ulcer. Lymph glands draining the region are enlarged and tender. In about half of the cases the lymph glands break down and discharge through the overlying skin. Fever, chills, weakness and prostration are common during the first two to three weeks of the attack.

(2) The oculoglandular type is similar to the above except that the initial lesions are in the eye. Small ulcers appear on the conjunctivae — the general symptoms are similar to the above.

(3) The typhoidal type, as the name indicates, resembles typhoid fever. The superficial glands are not involved and fever is the chief sign.

(4) The glandular type of tularemia is entirely similar to the ulceroglandular with the exception that there is no primary ulcer to be seen.

Lung involvement is a serious complication in about 50 per cent of the typhoidal type cases, and in about 7 to 15 per cent of the other types of tularemia. This pneumonia is best detected by x-ray examination.

During the ten years, ending with 1945, there was an average of about 185 reported cases per year in Illinois. However, as may be seen in Chart 1, the number of cases has ranged from 55 to 485. Illinois reports for the years previous

to 1932 probably are incomplete and do not represent the actual incidence of tularemia.

Most of the cases reported to the State Department of Public Health are confirmed by positive agglutination tests with blood from the patients. A few human cases are acquired from fox-squirrels, quail and opossums, but by far the principal source of infection is cotton-tail rabbits. Weekly reports of cases show the highest incidence of infection to correspond with the open season for rabbit hunting. Some indication of a 6 to 8 year cycle appears in Chart 1.

Distribution.— Over a period of years tularemia has been reported from all sections of Illinois. Cook County, with over half the population of the entire State, reports about 10 per cent of the total number of cases in Illinois each year. Wild rabbits sold in the markets of Chicago and suburbs come principally from Missouri, Iowa, Illinois, Kansas and the Dakotas in the order mentioned. Many of the Chicago cases among market-men, house-wives, servants, etc., are attributable to these rabbits bought in the markets. Other Chicago cases received their infection while hunting rabbits in southern counties of Illinois and in neighboring states. Certain scattered counties, from which no cases have been reported, are in most instances surrounded thus apparent freedom from tularemia in such counties very likely can be attributed to failure by counties reporting many cases of tularemia; to recognize the disease or to faulty reporting.

DOMESTIC RABBITS, raised for meat and fur, have been entirely free from tularemia. All experience indicates that such rabbits from commercial rabbitries may be dressed, cooked, and eaten without any risk of acquiring tularemia.

Sex.— The sex distribution of reported cases is very nearly 60 per cent males and 40 per cent females each year. Presumably the difference is due to the exposure of a larger number of men and boys in the butcher trade and in hunting rabbits. Women and girls are exposed when they prepare rabbits for cooking; the female group of patients is comprised of house-wives, housekeepers, cooks, and servants.

Age.— There is a wide range of ages in the reported cases. For all cases, of both sexes, the average at the time of infection is between thirty-five and forty years. Sixty-five per cent of all cases are between twenty-five and fifty years

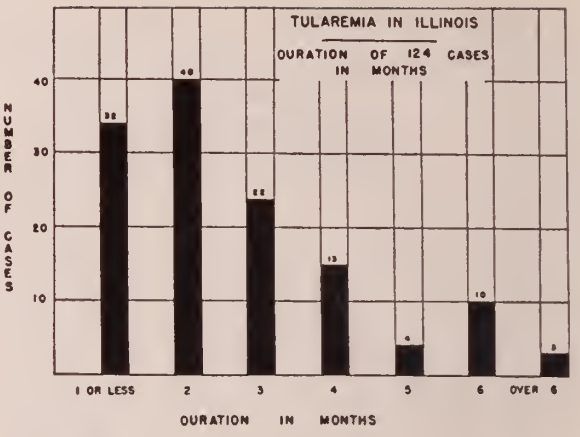


CHART 2

of age. *P. tularensis* evidently is infectious for humans of all ages; frequency of infection in the age group twenty-five to fifty years is explainable on the basis of greater frequency of exposure during these years of life.

Incubation Period.— The interval between exposure and onset of symptoms is commonly between three and four days. In an extensive survey of Illinois cases it was found that this interval, or incubation period, ranged between one day and twenty-one days. The largest group (mode) reported an incubation period of four days.

No significant relationship could be found between the length of the incubation period and the total duration of the disease.

Duration.— The duration of the disease in man ranges from one to six months or longer in cases which receive only symptomatic treatment. Among the cases in the survey previously mentioned, there were 124 in which it was possible to compute the duration of the disease. The shortest duration was sixteen days, the longest three hundred sixty days. Three-quarters of the cases in this group had a duration of three months or less. Chart No. 2 represents the number of cases in each group arranged by their duration in months. Only 17 per cent report a duration of more than four months.

Correlation of the duration and the incubation period has been mentioned. No significant connection between the duration and the age of the patient could be made. The sex of the patient seemed to bear a more definite relationship to the duration than either the incubation period or the age. Among the male cases the average

duration was shorter by three weeks than the average of the female patients.

Types of Disease.— Illinois cases have been chiefly of the ulceroglandular type. Over a period of years about 85 per cent of all reported cases have been ulceroglandular infections. Approximately 10 percent have been reported as being of the typhoidal variety. The remaining 5 per cent are made up of oculoglandular and glandular infections.

In the typhoidal type of tularemia, the incubation period tends to be longer by about one week than in the ulceroglandular cases.

Source of Infection.— In Illinois, rabbits are the outstanding reservoir for tularemia as evidenced by the fact that 95 to 98 per cent of all infections are acquired by skinning or cleaning rabbits. Exact information as to the source of the rabbits is not always available. Enough reports of scattered cases due to handling "local" rabbits have been received to make it seem highly probable that the wild rabbits throughout the State may be infected.

Of the animals previously mentioned as being susceptible to natural infection with *P. tularensis*, the following are native to Illinois:

Cotton-tail rabbit	Opossum
Ground squirrel	Woodchuck
Fox squirrel	Coyote
Wild rat	Pheasant
Wild mouse	Pocket gopher
Quail	Chipmunk
Muskrat	Gray fox

Domestic animals, especially dogs, cats and hogs, may contaminate their mouth parts by eating dead or dying rabbits, and may later transmit tularemia to humans by means of a bite.

Diagnosis.— A diagnosis of tularemia is suggested by the following:

(1) A history of recent handling of rabbits (or other game), or a history of recent tick or fly bite.

(2) Presence of a primary papule of the skin followed by a persistent ulcer, or a primary conjunctivitis followed by ulcers of the conjunctiva.

(3) Persistent glandular enlargements in the region draining the primary ulcer.

(4) Fever of two to three weeks duration.

The diagnosis may be confirmed by:

(1) Obtaining a positive agglutination test with the blood and by noting an increase in the potency of the agglutinins in subsequent blood samples.

(2) Isolating *P. tularensis* from the ulcer, enlarged glands, or blood.

(3) Obtaining a positive skin test with detoxified *P. tularensis* antigen. This reaction is positive earlier than the agglutination test.

An attack of tularemia leaves the patient with a high grade and lasting immunity to reinfection.

Antibodies persist for years in the blood of patients who have recovered from the disease. A positive agglutination test, therefore, must be interpreted in the light of other evidence, as outlined above.

In the absence of supporting evidence — such as a definite exposure, a persistent ulcer, and enlarged glands — the agglutination test should be repeated to see if the strength of the reaction increases.

If fever is the only definite sign, the agglutination test should be repeated at intervals in order to rule out other infectious diseases, such as typhoid fever. A case of typhoid fever, in a person who has tularemia agglutinins persisting from a past infection, could be very dangerous if mistakenly handled as typhoidal tularemia.

Treatment.— The most effective treatment of tularemia consists of the administration of streptomycin in adequate amounts.

Early experiments, using *P. tularensis* in test tubes and in experimental infections in mice,[15] indicated that streptomycin was a very effective agent. Equally promising results are being reported in human cases treated with streptomycin.[16,17] The fever subsides promptly, primary lesions do not ulcerate, and the duration of the disease is measured in weeks instead of months.

Rules for Controlling Tularemia.—

1. Reports: Every case and suspected case shall be reported promptly to local health authorities. (See Rules and Regulations for the Control of Communicable Diseases.)
2. Placarding of premises is *not* required.
3. Isolation is *not* required.
4. Concurrent disinfection is required.
5. Terminal disinfection is *not* required.

Control of Contacts:

1. No restrictions are required.

TULAREMIA
Reported Cases and Deaths and Rates
ILLINOIS AND STATE EXCLUSIVE OF CHICAGO
1925-1945
STATE OF ILLINOIS

	Reported Cases	Reported Deaths	Rate Case*	Death*	Fatality**
1925	..	..			
1926	1	..	.014		
1927	14	..	.19		
1928	10	..	.135		
1929	36	1	.48	.013	2.8
1930	139	2	1.82	.03	1.44
1931	126	4	1.64	.05	3.17
1932	134	4	1.74	.05	2.99
1933	172	9	2.23	.12	5.23
1934	134	11	1.73	.14	8.21
1935	69	4	0.89	.05	5.80
1936	91	6	1.17	.08	6.59
1937	109	5	1.39	.06	4.59
1938	459	32	5.85	.41	6.97
1939	485	42	6.16	.53	8.65
1940	272	23	3.44	.29	8.46
1941	106	6	1.34	.08	5.66
1942	67	1	0.84	.01	1.49
1943	55	1	0.72	.01	1.82
1944	91	10	1.19	.13	10.98
1945	131	6	1.69	.07	4.58
STATE EXCLUSIVE OF CHICAGO					
1925	..	..			
1926	1	..	.024		
1927	14	..	.33		
1928	7	..	.165		
1929	35	1	.82	.023	2.9
1930	129	1	3.02	.02	0.78
1931	109	3	2.54	.07	2.75
1932	124	3	2.88	.07	2.42
1933	156	7	3.60	.16	4.49
1934	112	6	2.57	.14	5.36
1935	51	1	1.16	.02	1.96
1936	77	4	1.75	.09	5.19
1937	106	5	2.39	.11	4.72
1938	420	28	9.42	.63	6.67
1939	437	35	9.75	.78	8.01
1940	242	18	5.38	.40	7.44
1941	95	5	2.11	.11	5.26
1942	62	1	1.38	.02	1.61
1943	49	1	1.14	.02	2.04
1944	89	9	2.07	.21	10.11
1945	126	6	2.90	.13	4.76

*Per 100,000 population.
**Per 100 cases reported.

General Measures:

1. Avoidance of the bites of, or handling of, flies and ticks when working in infected zones during the seasonal incidence of bloodsucking flies and ticks.

2. The use of rubber gloves by persons engaged in dressing wild rabbits wherever taken, or when performing necropsies on laboratory animals. Employment of immune persons for dressing wild rabbits or conducting laboratory experiments. Thorough cooking of meat of wild rabbits.

3. Avoidance of raw drinking water in areas where the disease prevails among wild animals.

BIBLIOGRAPHY

1. McCoy, G. W., Public Health Bulletin, April 1911, No. 43, p. 53.
2. McCoy, G. W. and Chapin, C. W., Public Health Bulletin, Jan. 1912, No. 53, p. 25.
3. McCoy, G. W., and Chapin, C. W., J. of Inf. Dis., 1912, Vol. 10, p. 61.
4. Wherry, W. and Lamb, B., J. Amer. Med. Ass'n., 1914, Vol. 63, p. 2041.
5. Wayson, N. E., Public Health Report, 1914, Vol. 29, p. 3390.
6. Francis, E., and Mayne, B., Public Health Report, July 1921, Vol. 36, No. 30. pp. 1738-1746.
7. Francis E., and Lake, G. C. Public Health Report, July 1921, Vol. 36, No. 30, pp. 1747-1753.
8. Pearse, R. A., Northwest Medicine, March 1911.
9. Ohara, H., Jikken Iho, March 12, 1925.
10. Francis, E., and Moore, D., J. Amer. Med. Ass'n., 1926, Vol. 86, p. 1329.
11. Goloff, D., Kniazevsky, A., Berdnikoff, V., et Tifloff, V., Revue de Microbiologie et d'Epidem. de Saratoff, T. VII, fasc. 3, p. 301.
12. Zeiss, N., Munchn, med. Woch., 1929, Juli 5, pp. 1137-1138.
13. Karpoff, S. P., and Antonoff, N. I., Jour. Bact., 1936, Vol. 32, pp. 243-258.
14. Jellison, W. L., et. al., Am. J. Hygiene, 1942, Vol. 36, pp. 168-182.
15. Heilman, F. R., Proc. Staff Meet. Mayo Clinic, 1944, Vol. 19, pp. 553-9.
16. Abel, Oliver, J. Missouri State Med. Ass'n., 1946, Vol. 43, pp. 167-169.
17. Howe, C., et. al., J.A.M.A., Sept. 28, 1946, Vol. 132, pp. 195-200.

BILIARY FISTULAE DUE TO GALLSTONES, WITH REPORT OF TWO CASES

JOHN R. COCHRAN, M.D. AND RALPH E. DOLKART, M.D.
CHICAGO

Although gallstone ileus occurs infrequently the problems arising in establishing the diagnosis are always of interest. Numerous comments as regards incidence have appeared. In 1942 O'Shea[1] reported the occurrence of gallstone ileus in only two out of 250,000 admissions to the St. Vincent's and Harlem Hospitals in New York City. Martin[2] in 1912 reported 16 cases of gallstone ileus in 500,000 hospital admissions. Until 1939 only ten cases of bowel obstruction due to gallstones were encountered by the Mayo

From the Departments of Medicine and Surgery at St. Luke's Hospital and Northwestern University Medical School.

Clinic according to Walters.[3] In this group, gallstone ileus accounted for one per cent of all obstructive lesions of the bowel. Similar incidence was reported by the British Medical Association[4] in a group of 3,064 cases of intestinal obstruction, 0.9 per cent or 28 cases being due to gallstones. McQueeney[5] reported an incidence of two per cent or 149 cases in a series of 7,232 cases of intestinal obstruction.

There appears to be a fairly uniform mechanism whereby a calculus large enough to produce intestinal obstruction escapes from the gallbladder. Usually there is a fistulous opening between the gallbladder and various levels of the small intestine, most commonly the duodenum. Walters reported one case in which the fistulous opening communicated with the stomach and cites other reports in which gallstones have been found in the bronchi, renal pelves, pleural cavity, peritoneal cavity, pregnant uterus, etc. Courvoisier in 1890[6] and Rigler in 1941[7], each reported a case in which an extremely large stone successfully passed through the common duct into the lumen of the bowel without production of a fistula. Walters and Snell[8] in commenting upon the frequency of fistulous communications between the gallbladder an the other organs found that in 140 gallbladder fistulae 70 per cent were with the duedenum, 20 per cent with the colon, and 10 per cent with the stomach.

Where a gallstone may obstruct the intestine is in a large measure dependent upon its size. From reported cases, it would appear that stones less than 2.5 cm. may pass through the bowel without symptoms. Walter indicates that faceted or rough stones produce more reflex bowel spasm than smooth stones and tend to produce obstruction with a greater degree of frequency. Most authors indicate that the commonest sites for obstruction are either in the duodenum at the level of the ligament of Trietz or at the ileocaecal valve.

CASE REPORTS

Case 1. Mrs. E. D., a 62-year-old white widow was admitted to St. Luke's Hospital March 22, 1942, with the following history:

The patient stated that she had had frequent episodes of indigestion since childhood. For many years she had been intermittently constipated for which she took various proprietary laxatives. On one occasion years ago she noted bright red blood in her stool, but this did not recur. In January, 1942, she was seen by one of us at home because of an attack of severe pain in the right upper quadrant of the abdomen associated with nausea, emesis, and low grade fever. She ran a febrile course for a ten-day period following which all symptoms subsided. During the course of this illness the gallbladder was definitely palpable. There was no jaundice. On a low fat diet she got along well until three weeks prior to admission when her present illness began.



Figure 1. The stomach and duodenum are filled with barium demonstrating a large filling defect in the third portion of the duodenum. The dilated common duct has also been partially filled with barium.

On March 1, 1942, the patient was awakened from her sleep by extreme nausea followed by recurrent vomiting. The vomitus was watery in character, was singed with bile and occasionally contained flecks of blood. Six hours after the onset of symptoms she began to have cramping abdominal pain referred to the periumbilical region and left lower abdominal quadrant. Some relief of pain occurred with the expulsion of flatus. For the first week of this illness she was treated at home by several local physicians During this week her nausea, emesis, and abdominal pain became progressively worse and she was admitted to another community hospital. While there she received some intravenous fluids and various laboratory tests were done including a barium study of the gastrointestinal tract. The films were subsequently sent to us and the significant findings are seen in Figure 1. An operation was advised but was refused by the patient who left that hospital against advice. During the next week, the third week of her illness, she remained at home under the care of a naprapath. Spinal manipulations were administered and the patient stated there was some relief in symptoms although the vomiting and abdominal pain continued. At the end of three weeks she was admitted to St. Luke's hospital. In

the three-week period of illness she had lost 40 pounds in weight. She achieved intermittent bowel movement with various laxatives, but was unable to retain food or fluid by mouth.

On admission the temperature was 100.2°, pulse rate was 90 per minute, respirations 20 per minute, blood pressure 120 systolic, 80 diastolic. The patient was markedly lethargic and dehydrated. The skin was loose and flabby. The tongue was dry and the eyes were sunken. There was a uremic odor to the breath. Except for distant heart tones, examination of the head and chest was within normal limits. The abdomen was soft and flabby. There was no evidence of distension or visible peristalsis. The liver edge was palpated 2.0 cm. below the right costal margin. No masses were outlined. On auscultation a few low-pitched peristaltic sounds were heard. There was no rigidity of the abdominal muscles but on pressure on any part of the abdomen, the patient complained of pain which seemed to be referred to the umbilicus and left lower quadrant.

Laboratory studies: The urinalysis showed 35 mg. of albumen, a few leucocytes, no casts, and no bile. The hemoglobin was 14.1 grams, the red blood count was 4.8 million, the white blood count was 11,250. The Kahn blood test was negative. The blood chemistry showed: urea 68 mg. per cent, non-protein-nitrogen 100 mg. per cent, uric acid 8.6 mg. per cent, creatinine 3.1 mg. per cent, sugar 133 mg. per cent. CO_2 combining power 86.6 volumes per cent, chlorides 455 mg. per cent. The icteric index was less than 5 units. The prothrombin time was normal. A scout abdominal film showed the right lobe of the liver to be somewhat enlarged. There was no evidence of a stone in the region of the urinary tract or gallbladder. No bowel distension was noted. Gastric analysis showed free acid to be present and no blood. Stool examination of enema specimens showed no blood and bile were present.

The patient received large amounts of intravenous dextrose, physiologic saline, and Hartmann's solution. Twenty-four hours after admission, on attempting to sit up in bed she had an episode of syncope associated with a weak thready pulse and a drop in blood pressure. Intravenous aminophyllin was administered with improvement. Thirty hours after admission the roentgenograms made at the time of the barium study at the other community hospital were made available to us. Thirty-six hours after admission the patient suddenly developed more acute abdominal pain followed by the occurrence of marked abdominal distension confined to the upper abdomen. Despite her poor condition a laparotomy was performed under cyclopropane anesthesia.

A right median incision splitting the rectus muscle was made from the xiphoid to the level of the navel. Dilated loops of bowel and stomach presented and were packed to one side. About twelve inches below the ligament of Treitz a collapsed loop of small bowel was found and at this point a large, hard mass was felt in the bowel. Bowel clamps were place on either side



Figure 2. The gallstone removed has been split for chemical analysis. Its original measurements were: 6.5 cm. lonfi, 3.4 to 5 cm. in diameter. Its weight was 46 grams.

of this mass. A longitudinal incision three and one-half inches long was made and a gall-stone measuring approximately one and one-fourth by two and one-half inches was removed from the jejunum (see Figure 2). The bowel was then closed transversely. The abdomen was closed without drainage.

Case 2. Mrs. M. P., a 52-year-old Polish housewife was first admitted to St. Luke's Hospital September 19, 1940. Five weeks prior to admission she developed pain in the left leg. Five days prior to this admission a painful swelling appeared in the left gluteal region. This was incised and 500 cc. of bloody purulent material was evacuated. A guinea pig innoculation showed tubercle bacilli.

Except for the draining sinus the patient was in good health until February, 1943, at which time she began to have nausea, vomiting, and abdominal pain. The pain at first was generalized, later being localized in the right hypochondrium. These attacks of pain at first were at the rate of once a month, until July, 1943, when they occurred once a week. There was a twenty-pound weight loss. The system history was negative except for a questionable history of scrofula as a child.

Physical examination revealed an obese woman complaining of severe abdominal pain. There were one-inch scars in the neck just below the mandible on either side. Examination of the heart and lungs was negative. Blood pressure was 110 systolic, 45 diastolic. The abdomen was free of masses. The liver and spleen was not felt. Some tenderness was eliciated in the right upper quadrant. A draining sinus was found over the left ilium. Pelvic examination was negative. Roentgenograms taken August 31, 1943, showed no bony changes in the pelvis or spine, and a chest film was essentially normal.

Laboratory studies: The hemoglobin was 7 grams,



Figure 3. This film, taken after a barium enema was given, shows the barium column leaving the colon (just to the right of the midline). Barium has filled the biliary radicals and can be seen running down the common duct. A filing defect can be seen in the common duct. Air in the biliary tree can also be seen.

the red blood count was 3.03 million, the white blood count was 17,000. The differential showed 13 lmyphocytes, 66 neutrophils, 1 monocyte, 0 cosinophils. Sedimentation rate was 65 mm. in 15 minutes. The urine showed one plus bile in one specimen only. The stools were one plus for occult blood, negative for typhoid, paratyphoid, and dysentery group. Repeated blood cultures and cultures from the sinus were negative. Malarial smears were negative. The Kahn blood test was negative.

The patient ran a low grade fever, the maximum being 100.4° rectally. She was discharged improved on September 12, 1943.

Following discharge she had occasional attacks of right upper quadrant pain referred to the midscapular region without nausea and vomiting. These occurred particularly with eating. On May 10, 1944, severe midepilastric pain recurred and persisted. The pain was associated with nausea and vomiting. She had five loose stools the same day. Jaundice appeared for the first time. She had lost fifty pounds of weight since her August, 1943, admission. The urine was described as being dark. The stools had been normal in color at all times.

Physical examination showed an acutely ill patient complaining of intermittent abdominal pain. The sclerae was yellow. The liver was felt 4.0 below the costal margin. Tenderness was elicited diffusely over the right upper quadrant. An orange-sized mass was felt just below the liver to the right of the midline. The mass was tender and moved with respiration. The temperature was 101°.

A laparotomy was performed on May 17, 1944. The transverse colon and omentum were found to be adherent to the liver in the region of the gallbladder. On dissecting these free a large abscess was found and a ruptured gallbladder. The abscess was drained; the gallbladder was not removed. Tissue from the wall of the abscess was cultured but showed nothing specific. No amoeba were found. Blood cultures were again negative. The patient's post-operative course was stormy. She gradually improved and was discharged June 14, 1944. Although her jaundice cleared and she was free of complaints for five weeks, she then had another bout of chills, fever and epigastric pain. The epigastric pain, however, was less severe. The chief complaints were chills and fever. The liver edge remained below the costal edge. The abdominal mass described above grew smaller.

August 8, 1944, she was readmitted (third admission) to the hospital at which time a subdiaphragmatic abcess was drained. No specific organisms were found. After discharge September 11, 1944, she was relatively free of symptoms. She gained in strength and weight, until the later part of January, 1945, when the chills and fever recurred. She had frequent loose stools and *minimal* abdominal pain. She had again become slightly jaundiced. A barium-enema was done at this time. The barium column entered the colon readily and showed nothing abnormal until the right portion of the transverse colon was reached. The barium then followed a fistulous tract which entered the gallbladder and then filled the common duct and the biliary radicles of the liver. (See Figure 3.) Liver function tests were done and showed: Icterus index 30, van den Bergh direct, prothrombin time 77% of normal, sugar tolerance curve normal, cephalin flocculation test four plus in 24 hours, albumin-globulin ratio reversed, total protein 8.3 grams per 100 cc.

A laparotomy was performed after intensive preoperative preparation with amigen, repeated transfusion, vitamin K-vitamin B complex, high protein, high carbohydrate intake. On opening the abdomen a fistulous connection was found between the transverse colon and the fundus of the gallbladder measuring 1¼ inches in diameter. The gallbladder was thickened; its mucosa roughened and bright red. The common duct was enlarged at least three times normal size and contained numerous large stones, the largest of which was impacted at the ampulla of the vater. The stones were removed, the common duct drained and the fistula closed.

During the post-operative course the temperature continued a septic course with peaks of 106°. Penicillin was given in massive doses, the maximum being 100,000 units every two hours, but to no avail. The patient gradually lost strength and died March 3, 1945.

The autopsy showed multiple liver abscesses with almost complete destruction of the liver tissue. The organisms were shown to be colon bacilli. The sinus tract in the left hip extended to the left kidney was a mere shell, the kidney tissue remaining was tuberculosis.

DISCUSSION

The diagnosis of biliary fistulae is difficult. In patients exhibiting a past history of gallbladder disease and a present history suggestive of obstruction a scout roentgenogram of the abdomen should be made. If gas is seen in the biliary tree a presumptive diagnosis of gallstone ileus can be made.

The two cases outlined present complications of biliary fistulae. Both patients were diagnosed preoperatively with the aid of roentgenographic studies. The importance of the visualization of gas in the biliary tree cannot be over-emphasized. In patients with intestinal obstruction who present a past history of gallbladder disease or in patients with an atypical obstruction a roentgenogram of the abdomen should be taken with particular reference to the right upper quardant.

The operative procedure is essentially simple. The dilated loops lead readily to the obstructing stone. The bowel is opened longitudinally between clamps and closed transversely. After scanning the remainder of the small bowel for another stone, the abdomen should be closed. Any attempt to expose and close the fistula at the time is contraindicated due to inflammatory reactions present. The majority of patients are too ill to permit extensive surgery.

Conclusions. Two cases of cholecysto-enteric fistulae are presented. Both were diagnosed with the aid of x-ray. The advantage of the scout abdominal film in diagnosing gallstone ileus is emphasized. Surgery should be limited to the minimal interference required to release the obstruction.

122 South Michigan Avenue
Chicago 3, Illinois

BIBLIOGRAPHY

1. O'Shea, M. C., American J. Surgery. LVII, 279, 1942. Stones in the Ductus Choledochus.
2. Martin, F. Ann. Surgery, **55**: 725, 9912. Intestinal Obstruction Due to Gallstones.
3. Walters, Waltman et al: Surgery: **5**. 670, 1939. Intestinal Obstruction caused by Gallstones.
4. British Med. Journal: **2**, 739,1925. Annual Report British Medical Association.
5. McQueeney, Andrew M: Ann. Surgery: **110**, 50, 1939. Internal Biliary Fistulae and Intestinal Obstruction Due to Gallstones.
6. Corvosier, L. G.: Cavitisch Statistische Bei trage zur Pathologie und Chirurgie der Gallenwege, J. F.,: Journal
7. Rigler L. G., Barnam C. N., and Noble, J. F.,: Journal of the Am. Med. Assn.: **117**, 1753, 1941.
8. Walters, W. and Snell, A.M.: Diseases of the Gall Bladder and Bile Ducts: W. B. Saunders, Phil. 1940.

THE PROBLEMS OF EPIDEMIC RINGWORM OF THE SCALP

Samuel J. Zakon, M.D. and
Aaron L. Goldberg, M.D.
CHICAGO

In the last four years, an epidemic of ringworm of the scalp has occurred in the city of Chicago. The organism chiefly responsible for this epidemic is Microsporon Audouini. This superficial fungus infection is observed mainly in children before the age of puberty, especially in the age group of six to ten years. It is seen not only in children of lower income groups and in orphanages, but also in the children of the better income classes.

A history of our knowledge of fungi began in 1677 when Hooke used a magnifying lens and found yellow spots on roses consisting of living thread-like organisms. In 1839 Langenbach described the fungus causing Thrush and Schoenlein the fungus causing Favus. Gruby described the cause of tinea capitis in 1842. Four years later Eichstedt found fungi in the scales of tinea versicolor. In 1870 Tillbury Fox described tinea pedis. Sabouraud, in 1910, focused attention on mycology when he published his classic "Les Teignes".

The infection of tinea capitis first invades the stratum corneum of the scalp, later entering the hair follicle, attacking the superficial and deep parts of the hair. The process works up the shaft which becomes brittle and later breaks into minute pieces. Microsporon Audouini and Microsporon Lanosum form a mosaic sheath around infected hair with a large number of spores. These scattered particles of broken hairs are ideal media for contact spread of infection. Large numbers of infected hair are found in hats or caps, scattered through uninfected hairs. on face and neck, collars, and coats. These particles are attracted to brushes, combs, and other objects. There also is transference when child applies head to back of theatre seats. However, the principal channels of infections are unsterilized barber's electric clippers, moving picture theatre seats, and the gregariousness of school children.

The clinical picutre is characterized by loosening and partial loss of scalp hairs in patches. breaking off of infected hairs, loss of luster, and inflammation varying from fine, branny scaling

to phlegmenous localizations. Atrophy and scarring may follow. The common fungi in the prevalent spidemic are Miscrosporon Audouini and Microsporon Lanosum. Microsporon Audouini produces the common type know as the gray patch. Microsporon Lanosum causes a more inflammatory reaction and is contacted from infected kittens and puppies. Kerion is a painful elevated, boggy, erythematous localized swelling due to Microsporons, Tichophyton Crateriforme, Gypseum, and Niveum. The microspora clear up at puberty. Favus and endothrix persist indefinitely unless treated.

Ringworm of the scalp is much more prevalent in boys than girls and the areas of predilection are the occipital or temporal areas. The diagnosis is made by clinical examination plus the aid of the "Woods" light. The Wood light is filtered ultraviolet light by a "Wood" filter which allows wave lengths in the rear portion of the ultraviolet part of the spectrum in region of 3050 angstrom units. The microsporons flouresce a brilliant green and the trichophyton a dull or blue color under the light. The examination with the light is performed in a totally dark room.

Examination of the infected hair under the microscope after preparation with 10% potassium hydroxide, will reveal the mosaic sheath of spores about the hair shaft in the microsporons. The trichophytons appear as chains of spores in the shaft of the hairs and are much larger. Certain trichophophytons, however, are ectothrix in nature. Cultures of the various fungi on agar slants will reveal definite conony formations that mature from one to three weeks or more. Trichophyton intradermal reaction is mild or absent in the superficial scalding type and is marked in the inflammatory variety.

The problem of prevention of spread of the infection is of major importance and should be highly stressed. The first epidemic occurred in Paris in 1910, and spread to the larger cities of Germany where it subsided only to reappear after the first World War. The measures used with success were case finding, isolation, and care of infected cases by x-ray epilation. The current American epidemic began in New York City in 1942, and then spread to the metropolitan centers and even rural areas throughout the United States. An excellent program of prophylaxis would be as follows (1) careful examination of scalps in school children, children of orphan asylums, and other institutions under a Wood's light. (2) Routine examination of all children of each family with a Wood's light. (3) Infected children should be excluded from school until treatment is instituted. Then patient should wear a silk stocking cap day and night. This cap should be boiled daily from five to ten minutes. (4) After haircut, apply 5% ammoniated mercury ointment and shampoo the scalp thoroughly. (5) Barber shops should sterilize electrical and hand clippers, brushes, scissors, and combs. Electrical clippers with removable heads dipped for two minutes in boiling mineral oil would be adequately sterilized. (6) Avoid contact with kittens or puppies with infected patches of thin or bald fur. Pets should be examined under the Wood light. (7) Avoid contact of child's head on back of seats in theatre. (8) Infected cases should avoid movies, barber shops, children camps, and actual contact in play with other children. Patient should use own brush, comb, cap or hat, and sleep alone.

Infections caused by fungi pathogenic to animals are quickly cured and usually do so spontaneously. Those not pathogenic to animals are resistant to treatment. Fungi pathogenic to animals as microsporon lanosum and ectothrix trichophytons clear with local therapy such as 5% ammoniated mercury, 1% thymol, 0.5% oil of cinnamon and 5-10% sulphur and iodine crystals (10%). Certain fatty acids found in sweat as propionic and undecylenic acid are also of value. Kerions respond very nicely to mild moist compresses and an antiparasitic ointment.

The cases resistant to local treatment as microsporon audouini, a. schoenlein, endothrix (t. violaceum) respond to roentgen ray epilation. The epilation is done by using 360r at five points according to the Adamson-Kienbock method. One inch above the forehead, occipital area, and each ear is chosen as a point of radiation plus the vertex. No lead rubber protection is needed for the frontal and vertex areas. In laterals and occipital areas protect ears, face, eyes, and eyebrows. There should be five inches between each point. Epilation occurs in 17-24 days and is complete one week later. Regrowth occurs in ten to twelve weeks. There is a tendency for secondary infection after epilation and the use of am-

moniated mercury and a hair shampoo is recommended.

Dermatophytid eruptions are associated with kerions and consist of small follicular eruptions in groups or diffusely spread. There may be few or many lesions. The trunk is the usual site with occasional involvement of the extremities. Horny spines may cap the lesions. These rashes as well as toxic erythemas, erythema multiforme are an expression of cutaneous allergy due to hematogenous spread from inflammatory focus on scalp. The "id" eruption clears when the primary focus is treated.

This review and discussion of ringworm of the scalp is presented as a general guide for the practitioner. An overall picture of this condition which is assuming epidemic proportions is described and intended as an aid in the discovery and management of this stubborn and troublesome ailment.

1 No. Pulaski

BIBLIOGRAPHY

1. X-ray treatment of Tinea Capitis, L.M.J. Greedman and L. G. Beinhauser, Urol and Cutan. Review, 46: 376-378, June, 45.
2. Ringworm of Scalp, J. Lamar Callaway, South. Med. & Surg., 107: 216-217, June, 45.
3. Kerion: A Review, Carl A. Laymon, Minn. Med. 29: p. 137-143, Feb., 46.
4. Ringworm of Scalp, J. A. Murphy, Medical Annals of D. of Col., 15: 64-66, Feb., 46.
5. Ringworm of Scalp, W. B. Cohen & C. A. Sawyer, Rhode Island Med. J., 29: 279, April, 46.
6. Epidemic Ringworm of Scalp in Children, Ruben Nomland, J. Iowa State Med. Soc. 30: 155-157, April 46.
7. Introduction to Medical Mycology, Lewis & Hopper, 1946.

THERAPY OF ALLERGY: FACTS AND FANCIES

SAMUEL M. FEINBERG, M.D.
CHICAGO

The specific management of allergic manifestations, having undergone several changes of interest, is now in most quarters in a stage of enthusiasm. Much misunderstanding exists today in the therapy of allergy, mainly derived from over-enthusiastic misapplication of accepted principles. The aim of this paper is to discuss some of these misunderstandings.

Specific Desensitization: Based on experimental work in laboratory animals it has been shown that a sensitivity to a specific substance can be reduced by subjecting the patient to doses (usually hypodermic) of repeated and increasing subclinical amounts of that substance. This principle is undeniably true, but its customary misapplications are numerous. It is not true that such treatment is completed after three or four injections: on the contrary, it requires as a rule a long-continued program. Desenitization is almost never complete, even though it suffices for most normal contacts. But it is not to be expected that it will reach the degree of protection permitting, for example, the hay fever sufferer to handle flowering ragweed plants. The average layman and many physicians are of the belief that once an allergic sufferer is relieved by desensitization he is permanently cured. It is well to know and to accept the fact that tolerance to the allergens wears off with the passage of time and that in so-called "cured" cases the symptoms may recur and require resumption of treatment in several years, a year, or a month.

One of the common misconceptions in the management of the allergic person is the idea that the patient should have treatment with all the antigens to which he reacts, and if the number is great the doctor frequently gives up the idea of a desensitization program. In the case of multiple reactions, a large number are frequently due to foods, some are due to antigens which the patients does not contact but which react because of biological relationship and still others can be avoided. None of the above requires desensitization. Some physicians have become so impressed with the possibility of constitutional reactions that they believe they are an essential accompaniment of the treatment and have for this reason forsaken all attempts at desensitization. While it is true that constitutional reactions may be an obstacle to treatment in an occasional individual, they can be prevented for the most part in the vast majority of patients by proper attention to a few principles.

Avoidance of Elimination of Antigen. One of the least disputed facts about allergy is that the removal of the specific cause is the quickest and most perfect method of getting the patient completely well. This means, of course, such well known steps as getting rid of a feather pillow, a dog, the trial of restricted diets, enclosing the mattress in a dust-proof casing, the use of

Read before the annual meeting of the Illinois State Medical Society, May 12, 1947, at Chicago. From the Division of Allergy, Department of Internal Medicine, Northwestern University Medical School.

an air filter or going away to a comparatively ragweed free territory during the hay fever season. Around these simple truths have grown up fictions and fancies and obsessions. There are physicians who keep all their patients on chocolate-free diets, there are others who are so dust-conscious that they try to have their patient live in the unattainable glass house, and there are patients and doctors who believe in the convenient fancy of an allergy to one's spouse.

The Complications of Allergic Disease. In their simplest and early form most of the allergic manifestations are reversible, that is, on removal of the cause the tissues can return to a completely normal condition. This has given rise to the unjustified fancy in some quarters that all stages of allergic pathology can be remedied. Unfortunately this is not true. The asthmatic with emphysema may have been subject to complete cure three or four years earlier, but today he has an organic pathologic change in his lungs for which the best that can be anticipated is the arrest of further progression. Polyps and sinus infection formed as a result of nasal allergy become surgical conditions. A long standing chronic eczema with secondary infection from scratching and scar tissue formation cannot be expected ever to return to the texture of normal skin. One of the most important considerations in the management of allergic disease is to give effective treatment early in order to minimize the possibility of irreversible complications.

Effective Symptomatic Remedies. There are a number of drugs useful in the palliative treatment of allergic manifestations. A better understanding of the use and abuse of these drugs would be of great help to a large number of patients and their physicians, even though specific treatment is not undertaken. For example, every physician knows that epinephrine hypodermically is a very useful drug in asthma and some of the other allergic manifestations. But unfortunately few physicians can resist injecting the entire one c.c. ampule of epinephrine 1:1000, with the resultant severe tachycardia, chills, headache and sometimes other symptoms. Actually the treatment may be worse than the disease. While the amount should vary depending on a number of considerations, the average patient, particularly if he has not had epinephrine, requires only about 0.25 c.c. Since epinephrine in large amounts raises blood pressure many physicians refuse to give the drug to patients with moderate hypertension. There is no justification for this extreme attitude. One can add further that frequently a patient with acute asthma having resulting moderate increase in blood pressure will have the blood pressure reduced from the respiratory relief obtained by epinephrine. Similar considerations apply to ephedrine. In recent years the use of preparations of epinephrine for the purpose of slow absorption and prolonged action has come into general use. There is abundant clinical and experimental evidence that most of these preparations do not accomplish their purpose. Their absorption is unpredictable, sometimes too slow to do any good, sometimes so fast that the large dose usually administered produces serious reactions. Epinephrine solution 1:100 inhaled as a fine spray is useful in many instances of asthma. It should be used moderately and the mouth and throat should be washed free from the excess of the drug after its use. The advantages of this therapy are that the patient can administer it to himself when he needs it and that systemic effects from the epinephrine are minimal. There is no justification for the belief held by some that moderately used therapy of this nature is harmful; on the other hand, neither should one depend on such symptomatic treatment as the sole management of the asthmatic patient.

While the sympathomimetic drugs such as epinephrine and ephedrine are effective remedies in asthma it is not sufficiently appreciated that other drugs are frequently needed. At any particular stage of the asthma one or all of the following mechanisms may be involved: edema of the bronchiolar mucosa, spasm of the bronchioles and a secretion of the tenacious mucus causing plugging of the bronchioles. Epinephrine, ephedrine and their analogues are superb as vasoconstrictors for the stage of edema. For the spasm, aminophylline and related drugs are desirable. Iodides are unique in the relief of the plugging stage by inducing a fluid secretion.

In most attacks of asthma anoxemia is not present and oxygen is neither indicated nor helpful. Morphine is a dangerous drug in asthma

and only in exceptional circumstances should it be used for the relief of the attack. The belief that inhalation anesthesia is contraindicated for surgery in asthmatic patients is without foundation: the majority of such patients not only tolerate such anesthesia but their asthma may even improve.

Tons of nose drops are used by patients in the attempt to obtain comfort in nasal allergy and other obstructive conditions of the nasal passages. If not required frequently and if the medicament is not too potent such remedies have their place. On the other hand, it has been definitely established that the more powerful the vasoconstrictor properties of a drug the more likely there will result a rebound congestion when the vasconstrictor effect has passed. This compensatory dilatation causes increased discomfort and necessitates the further use of a vasconstrictor. Thus a vicious circle is established, with a resulting more frequent use of the drops and a dependence upon them, long after the original cause of the congestion has been entirely nonoperative.[2]

Antihistaminic Drugs. The recent introduction of new drugs, Benadryl and Pyribenzamine,[3] for the treatment of allergic manifestations has created a new set of facts and fancies. It is a fact that these drugs and others with which we are now experimenting have the ability to relieve some allergic symptoms, but the fancy that many patients and some physicians have that these drugs cure allergic disease is entirely false. Each dose of the medicine gives relief for a few hours only. Furthermore not all of the symptoms are abolished in the patient who obtains relief. In any particular manifestation only a portion of the sufferers are relieved. For example, in seasonal hay fever 50 to 80 per cent are helped; in perennial vasometer rhinitis, 15 to 60 per cent; in urticaria, 80 per cent and in asthma only a small percentage. These drugs do have undesirable side reactions, which vary with the drug and with the individual patient. Desensitization therapy offers an opportunity for more lasting effects. On the whole, we have found that, as exemplified in hay fever, the combination of desensitization and the use of these drugs produces the greatest incidence of benefit.

Other Drugs and Modes of Therapy. In the last few years a number of remedies for allergic disease have gained sufficient publicity to require comment. Histamine therapy has been greatly overrated,[3] and if it does work in some cases it is certainly not because of a state of desensitization induced by it. The administration of histaminase is not capable of destroying histamine in man of the living animal and is of no value in the treatment of allergic conditions.[4] Histamine-azo-protein, advocated for the purpose of producing a tolerance to histamine, has failed in its goal. Neither calcium salts nor potassium salts, so enthusiastically acclaimed for a period, have withstood the test of time. Gullible physicians have even been hoodwinked into the use of such unfounded agents as ethylene dissulfonate and anthallan.

According to the Council of Pharmacy and Chemistry of the American Medical Association,[5] the dilution of the solution of ethylene disulfonate in the ampule claimed by the manufacturer is equivalent to 1 mg. to 250 million gallons ow water. It is absurd to think that such material could be active, and if it were, at the prevailing price for the ampules 1 milligram of the precious substance would be worth 5,000 billion dollars.

Arsenic, an ancient remedy recommended for asthma, but found rarely of value, has now had such a revival of pharmacologic powers in the hands of one physician that virtually thousands of patients flock to his office to receive the blessed two or three drop doses of Fowler's solution. It is even said by many patients that if the medicine is prescribed by any other doctor it does not work, but if prescribed by the particular physician it is miraculous in its effects. The irony of it is that even some physicians have been credulous enough to believe it.

All vitamins have been tried in allergy and practically everyone has been claimed at one time or another to be highly effective. It would be too time consuming to name all the vitamins and the evidence refuting these claims.[2] It can all be summarized in the simple statement that there is no good evidence supporting the belief that the vitamins available at present have a beneficial effect in allergy. In a general way this is true for the hormones. This in no way is intended as a denial of the possibility that in some cases of vitamin or endocrine disturbance which might aggravate an existing allergy, supplementary therapy might be of

sufficient benefit to influence the allergic symptoms indirectly.

Happily, we have entered now into an era where indiscriminate surgery is no longer considered the method of curing allergic conditions. Tonsillectomies and adenoidectomies are not the first procedure in the treatment of asthma or allergic noses in children, but one still sees such instances. Rarely do we now encounter recent cases of septum or turbinate removal for the intended cure of allergic noses.

Change of Climate. It is part of the psychology of hope that any change might have an influence on the future of the individual. Thus it happens that people anticipate changes with new events, a birthday, a new year, a change to a new doctor, or a change to new medicine even if their neighbor prescribes it. It is not surprising, therefore, that a climate change also holds similar attractions and hopes. Allergy has been no exception on the list of ailments for which a change of climate has been recommended. Frequently such sojourns have been suggested by the patient's physician who has become weary of the patient and his ills.

Not infrequently allergic patients benefit by a change of climate. It is true that the climate may not have been responsible: for example, a dog may have been left home, the food habits may have changed or the occupational exposure has been eliminated. Such and similar climatic changes are, of course, needless. In other instances climatic benefit is due to a definite change of atmospheric contaminants such as pollen or molds. The group of infectious patients — bronchitis and purulent sinusitis — are most apt to be benefited by a dry and warm climate. The uncontaminated country air, especially with a moderate temperature, may be very helpful also in strictly allergic respiratory patients by removing the source of chemical and thermal irritation. The pleasant warm climate and the accompanying relaxation may, of course, also be of some benefit. It should be remembered, however, that for the bulk of allergic patients climatic changes are not indicated and that natives in the ideal climates also have allergy. In any event, the decision and choice of a climate should be made only after a thorough study of the patient.

Psychotherapy. We are now in the psychosomatic era. In the latter part of the nineteenth century, prior to the demonstration of bacteria as causes of disease we were also in an era of mental healing. This is not meant to infer that there is no merit in the concept of the influence of the nervous system on allergic disease. I merely desire to warn of the dangers to scientific progress by accepting such an easy explanation in its entirety. Many of the examples of successful psychotherapy reported in the literature have been lacking in scientific evidence. Until we have better proof to the contrary we shall do well to assume that allergic disease is not caused primarily by psychic alterations and that psychotherapy, even though of value in some instances, is only secondary in importance.

The Patient Too frequently in the attempt to treat the allergic manifestation the patient as a whole is ignored. This fault of attitude is apt to be found both in the general practitioner who dabbles in allergy as well as in the narrow minded allergist. The patient may be unduly restricted in his diet because of a rigid belief that every positive skin test to a food signifies a clinical allergy. The acutely ill patient may need more attention in the line of fluids, sedation, nutritional balance, than elaborate attempts at attention to allergens. Frequently the allergic patient has other abnormalities, either related to his allergy or entirely unassociated, which are even more important than the allergy. It is essential, therefore, that one who handles allergy patients shall be a physician in the true sense of the word, in training, experience, and in dealing with his patients.

SUMMARY

The therapy of allergic manifestations consists of the systematic and appropriate employment of methods of avoiding or eliminating the specific antigen, specific desensitization to gain tolerance, the judicious use of palliative remedies including the new histamine antagonists, and other means in special instances. These legtimate therapeutic tools are often misunderstood and misapplied, frequently because of overthusiasm and sometimes because of lack of sufficient interest. There is more immediate potential benefit to the allergic population from the proper application of facts about allergy already known than is likely to result from new discoveries in the near future.

185 North Wabash Avenue

REFERENCES

1. Richards, R. K.: A Pharmacologic Study of Epinephrine Suspensions in Oil, J. Allergy 14: 177, 1943.
2. Feinberg, S. M.: Allergy in Practice, 2nd ed. Chicago, The Year Book Publishers, 1946.
3. Feinberg, S. M.: Report to the Council on Pharmacy and Chemistry of A.M.A.: Histamine and Histamine Antagonists: Their Experimental and Therapeutic Status, J. A.M.A. 132: 702, 1946.
4. Preliminary Report on Histaminase (Torantil), Report of the Council on Pharmacy and Chemistry, J.A.M.A. 115: 1019, 1940.
5. Ethylene Disulphonate Not Acceptable for New and Nonofficial Remedies, Report of the Council on Pharmacy and Chemistry of the A.M.A., J.A.M. 131: 1495, 1946.

USE AND ABUSE OF PHYSICAL THERAPY IN THE TREATMENT OF ARTHRITIS

Eugene F. Traut, M.D.
CHICAGO

Often we gain more by emphasizing what not to do than by repeatedly telling what should be done.

The interest of the patient with arthritis in ridding himself of pain, stiffness and deformity as rapidly, thoroughly and cheaply as possible must be kept constantly before us.

At the very first contact the patient must be given a proper perspective of his ailment and its chronicity. He should be told of the ultimately favorable outlook for most cases as justified by experience. This optimistic attitude based on experience does not assure the individual patient of a smooth course marked by progressive improvement. It must be explained that recrudescences and exacerbations are anticipated in the course of chronic rheumatism. This shields the patient from being discouraged and protects his medical attendants from embarrassment. Attempts to educate the patient are aimed to prevent his losing hope and ceasing to help himself. The unfortunate tendency of such patients to wander from doctor to doctor is costly and wasteful of the patient's chances to recover.

The patient must be prepared to carry on his management long after stopping formal treatment.

Taking our cue from the example set by the national organizations for educating the public in tuberculosis and venereal disease the public must be told the general methods of treatment for chronic arthritis and the results to be anticipated. The pathogenesis and pathology of joint disease must be explained that the arthritic may cooperate and persevere in the outlined procedure.

Do not fail to prepare the patient for the possibility of having to modify or even radically change methods of treatment already instituted but found not to be effective in his particular case. Failing to tell the patient of such possibilities may convince the patient that you "are just experimenting." There is really much reason for the latter presumption. In no disease can the outcome be insured nor the result be more than statistically predicted. Even such an everyday procedure as an appendectomy is in the broad sense an experiment. It can not be guaranteed to cure the pain in the abdomen.

As Coulter has so often emphasized, the patient must be told that the physical therapy employed in the office or hospital will be supplemented and followed by prescribed physical measures at home. The formal measures employed in a department of physical therapy are limited by the time of the operators, the roominess of the department and by the patients' purse to such a degree as to really constitute an ineffectual effort against a condition as stubborn as chronic joint disease.

Physical measures in the treatment of rheumatic disease should not widely deviate from the principles of rest, exercise, heat and massage. Adequate sales resistance must be developed against the agencies who would crowd your space and increase your overhead and depreciation by selling you a multiplicity of machines presented as refinements or improvement on the principles of heat and massage or as new forms of treatment. Particularly insidious is the recommendation to substitute machinery for the personal and manual work of physical therapy.

Physical therapy for arthritis requires, besides the services of a competent operator, a lamp for surface heat, an ultra-violet generator for its tonic effect and for the treatment of soft tissue inflammation, a galvanic generator for iontophoresis and diathermy apparatus for the deep heating of joints, muscles, tendons, ligaments and the periarticular structures. In many instances the heat lamp is preferable to diathermy. One of these forms of heat, usually that from an infra-red generator is used to relax

the muscles preliminary to massage. Erythema doses of ultraviolet are useful in the treatment of soft tissue involvement, fibrositis. Of course, massage is the preferred treatment for fibrositis. I have practically abandoned histamine for treating fibrositis because of its occasionally undesirable reaction in elderly arteriosclerotic patients. On the other hand, mecholyl administered by iontophoresis has been a great aid in treating rheumatism of the soft tissues. I have not been favorably impressed by the results of treating joints with the galvanic current with or without any medicament. A whirlpool bath is a useful adjunct to the other measures employing heat and massage.

To obtain the desired effect in chronic ailments the physical treatment must be skillful and sufficiently prolonged. Patients are inclined to evaluate such treatment in direct proportion to its intensity and the length of each session. It is the doctor's duty to protect the skilled operator by asking the patient not to judge the efficiency of the treatment by its violence. The treatment accorded a delicate invalid can not be the "rub-down" administered to an athlete. An hour's rest following heat and massage enhances the benefit of these procedures.

Of prime importance is the training of the patient and the patient's family. The active elements of physical medicine such as exercise and the use of heat can be managed by the patient himself. Such passive measures as massage can be learned and applied by someone in the patient's family. As Coulter and Krusen emphasize, intelligent use of physical measures in the home can provide more nearly an adequate amount of treatment than biweekly visits to the physical therapist.

122 S. Michigan Ave.

REFERENCES

Council on Physical Therapy: Report of the Committee on the Present Status of Physical Therapy. J.A.M.A. 107: 584, 1936.

Coulter, J. S. Physical Therapy is General Practice. Wisconsin Med. J. 38: 466, 1938.

Krusen, F. H. Physical Therapy in Arthritis. New Eng. Med. J. 220: 463, 1939.

Krusen, F. H. Physical Therapy in Arthritis; With Special Reference to Home Treatment. J.A.M.A. 115: 605, 1940.

A NEW SIGN IN THE DIAGNOSIS OF MINIMAL AND MODERATE ASCITES

LEONARD CARDON, M.D.

CHICAGO

This new sign facilitates the recognition of a small amount of abdominal fluid by placing it under enough tension to transmit a fluid wave.

The "fluid wave" is a well recognized diagnostic sign of ascites. A characteristic palpable vibration is transmitted through the fluid to the palm of the examiner's hand which lies in close contact with one lateral aspect of the patient's abdomen when the opposite side of the abdomen is gently but sharply flicked by one or two fingers of the examiner's other hand. This sign is obtained only when the abdomen is tensely distended by a large amount of fluid which is thus under considerable pressure. When the amount of ascites is only moderate so that the abdomen is slightly if at all distended and the abdominal musculature is flaccid, the fluid wave is rarely obtained even though "shifting dullness" may be demonstrable. Under these circumstances the following sign has been observed. *If the examination is repeated during the expiratory phase of a cough or when the patient bears down and strains against a closed glottis, an obvious and characteristic fluid wave may be readily obtained.* These maneuvers reduce the volume of the abdominal cavity and make the abdominal muscles contract down on the contained fluid, temporarily producing a state in which the ascites is under enough tension for the elicitation of a characteristic fluid wave.

SUMMARY

In the presence of a slight to moderate amount of ascites, a fluid wave otherwise unobtainable may be elicited and a slight or questionable fluid wave may be accentuated by examination of the abdomen during the momentary expiratory phase of a cough or while the patient strains against the closed glottis.

185 North Wabash Avenue

Assistant Clinical Professor of Medicine, Northwestern University Medical School; Attending Physician, Cook County Hospital; Associate Attending Physician, Mt. Sinai Hospital.

Case Report

REGIONAL ILEITIS WITH REVIEW OF THE LITERATURE

WILLIAM WOLF, M.D., ADOLPH KRAFT, M.D. AND O. RICHTER, M.D.
CHICAGO

The enity regional ileitis was classically described by Crohn, Ginsberg and Oppenheimer in 1932, and has since appeared in the literature with considerable frequency. The pathology and symptomology of regional iletis have been discussed by many authors, but the etiology and choice of treatment of the lesion are still debateable.

Brockus[2] states that a definate etiological factor has not been discovered.

Rodaniche, Kirsner, and Palmer[3] tried Frei testing four patients who had regional iletis, but their results were not conclusive. Other investigators tried, unsuccessfully, to isolate the tuberculin bacillus from the lesions.

Numerous attempts to demonstrate animal parasites in the lesions have failed.

Several investigators believed that a virus was the etiological agent, but as yet have not been able to isolate a virus from the lesion.

Most workers in the field hold that bacteria are in the majority of cases, the etiological agent.

Felsen[4] has reported this condition occurring as a sequela of acute bacillary dysentary.

Hadfield[5] discussed the primary histological lesion and its similarity to sarcoidosis.

Bisgard and Henske[6] recovered dysentary bacillis from the peritoneal fluid of a patient who had regional ileitis. Morelock, Bargen and Pemberton[7] reported a case of regional ileitis following severe external trauma to the abdomen.

Bronchus[8] mentioned the personality pattern of patients with regional ileitis, and states that many were nervous, emotional, sensative, and rather excitable, while few were calm. A few writers have thought that endocrine disorders, allergy or a nutritonal deficiency, were a possible factor in producing regional ileitis; however to date there is nothing to support their views. Erskine[9] thought that possibly the ileal pathology in regional ileitis was the result of the back flow of infective agents from the mesenteric glands, or that possibly the septic content of the ileum, lacking proper drainage, would set-up the chronic inflamatory process. Another observer ventured the thought that food poisoning may possibly be reponsible for the lesion. There are several cases reported that indicate that the possible offending organism was ingested and was responsible for causing regional ileitis. After one has reviewed the available literature[1-17] it becomes apparent that there is no general agreement as to the immediate cause or causes of the entity regional ileitis.

The following case is presented by the authors to illustrate the possible relationship of regional ileitis and acute appendicitis.

History of Case: P.C. Patient began having pain in the right lower quadrant two months prior to admission. This pain was dull and intermittant. Upon admission the pain was constant and dull. Patient had been nauseated on several occasions and only emesed on one occasion. This patient has complained of con-

stipation for the past 3 months. The stools were thin and scanty but she denies that blood was ever present. Her appetite was very poor and she was afraid to eat normally because she experienced sharp pain in the right lower quadrant the following day. She has lost approximately 10 pounds in the last month.

Past History:

Medical: Scarlet fever as a child. Negative for syphilis, tuberculosis, malignancies and rheumatic fever.

Surgical: External hemorrhoids removed 2 years previously.

Personal History: Menarchia at 12 years. Normal menses from that date. Last two months patient has had mild dysmenorrhea but no menorrhagia. Patient denies use of alcohol, tobacco, and drugs.

Physical Examination: Reveals a white female about 22 years old, somewhat under weight. Skin, pale and dry.

Head: Skull, normal configuration. Cellular subcutaneous tissue very thin.

Face: Pupils react to light and accommodation.

Cheeks: Subcutaneous cellular tissue, scant. Skin, dry and pale.

Mouth: Tongue, somewhat reddened and dry. Mucosa very pale.

Neck: Thin. No palpable glands.

Thyroid: Normal size and consistency.

Throat: Negative.

Chest: Intercostal spaces markedly visable.

Lungs: Normal.

Heart: Rhythm normal but moderate tachycardia (92). Blood Pressure: 114/56.

Abdomen: Liver normal size. Spleen normal size. No pain on palpation over liver and spleen. Superficial palpation reveals pain, tenderness in the right lower quadrant. Deep palpation reveals a mass in the right lower quadrant. This mass is elongated and approximately 10 cm. in length.

Extremities: Negative. Mental examination within normal limits. Reflexes, physiological.

Surgical Management:

Laporotomy: Incision right para-rectal.

Findings: Gross Pathology.

Four inches of the terminal portion of the ileum, cecum and two inches of the ascending colon were thickened. The color of the above mentioned structures was slightly purplish. The mesentery was thickened and the adjacent glands were palpable. The terminal portion of the ileum was adherent to the right ovary and tube. The appendix was lying along medial and posterior surface of the terminal ileum and its distal 1/3 was below the serosa of the ileum. A small indurated area surrounded the tip of the appendix which had perforated into the lumen of the ileum.

Operative Procedure: The right tube and ovary were removed. The terminal 6 inches of the ileum, cecum, appendix and proximal 3 inches of the acsending colon were resected in block. The ileum was then anastomosed to the ascending colon at a point approximately 2 inches proximal to the hepatic flexure. Procelure used was primary end to end anastomosis. The peritoneum was closed with plain catgut and the same was used on the muscle. The fascia was closed with interrupted chromic No. 2. The skin with interrupted silkworm. No drain was placed in the abdomen.

Microscopic Procedure: The wall of the terminal ileum is thickened and the lumen is approximately 1½ to 2cm. There is lymphocytic infiltration in the entire area. The serosa contains many bluish areas interspursed with slightly raised and thickened plaques. There are many plasma cells and many characteristic young fibro-blasts. There are a few monocytes and polynuclear cells. There was no evidence of malignancy.

Diagnosis: Regional ileitis.

Post-Operative Management: The regime of decompression and intravenous fluids was maintained for 5 days. The patient made an uneventful recovery, and to date has not developed any post-operative sequela.

DISCUSSION

In the case presented it was thought that the appendix was the probable etiological agent responsible in producing the lesion. Few cases of regional ileitis have occurred in patients that have previously had their appendix removed. It is not to be construed that the authors believe that the regional ileitis is not caused by factors other than the appendix but desire to emphasize the frequency of involvement, the anatomical location of the appendix and its relationship to the ileum and its associated lymphatic structures.

CONCLUSION

1. A case of regional ileitis is presented.

2. The possibility of the appendix becoming acutely inflamed and directly involving the ileum must be considered. That anatomically, that the infectious agents may spread through the lymphatic system directly to the cecum and the ileum, seems plausible. Regardless of the means or mode by which the infectious agent reaches the ileum, it is thought that it may have originated in the appendix.

REFERENCES

1. Crohn, B. B.: Ginzeburg, L., and Oppenheimer, G. D.: Regional ileitis, J.A.M.A. 99: 1323 (Oct. 15) 1932.
2. Brockus, H. L.: Present status of chronic regional or cicatrizing enteritis. 127: 449 (Jan) 1945.
3. Rodaniche, Enid. C.: Kilsner, J. B., and Palmer, W. L.; The relationship between lymphogranuloma, venereum and regional enteritis, gastroenterology 1: 687 (July) 1943.
4. Felsen, J.: The relationship of bacillary dysentery to ristal ileitis, ulcerative colitis and nonspecific granuloma, Ann. Int. Med. 10: 645 (Nov.) 1936.

5. Hadfield, G.: The primary histologic lesion of regional ileitis. Lancet 2: 773 (Oct. 7) 1939.
6. Bisgard, J. W.; and Henske, J. A.: Regional ileitis (Crohn) J.A.M.A. 108: 550 (Feb. 13) 1937.
7. Morloch, C. G.; Bargen, J. A., and Pemberton, J. J.: Regional enteritis following severe external violencce to the abdomen, Proc. Staff Meeting., Mayo Clin. 14: 631 (Oct. 4) 1939.
8. Brochus, H. L.: Present status of chronic regional or ciatrizing enteritis 127: 449 (Jan.) 1945.
9. Erskione, E. B.: The pathologic relationship of mesenteric adenitis, ileitis and appendicitis. Am. J. Clin. Path. 11:706. (Sept.) 1941.
10. Shapiro, R.: Regional ileitis; a summary of the literature. Am. J. M. Sc. 198: 269 (Aug.) -939.
11. Jackman, R. J., and Smith, N. D.: Some manifestation of regional ileitis observed sigmoidoscopically, Surg., Gynec. & Obst. 76: 444 (April) 1943.
12. Yunich, A. M., and Crohn, B. B.: Atypical regional ileitis: Roentgenological limitations, Am. J. Digest Dis. 8: 185 (May) 1941.
13. Warren, R., and Miller, R. H.; Regional enteritis, report of 43 cases. New England J. Med. 226: 589 (April) 1942.
14. Reichert, F. L., and Mathes, M. E.: Experimental lymphedema of the intestinal tract and its relation to regional cicatrizing enteritis. Am. Surg. 104: 601 (Oct.) 1936.
15. Rhoads, J. E.: Management of regional ileitis and certain other ulcerative lesions of intestines. Pennsylvania M. J. 42: 1050 (June) 1939.
16. Holman, E., and Bell, H. G.: Chronic cicatrizing enteritis, California & West Med. 41: 239 (Oct.) 1934.
17. Homas, J. and Han, G. M.: Regional ileitis; a clinical not a pathological enity. New England J. Med. 209: 1315-1321, 1933.

SUPPLEMENTING INFANTS' DIET WITH MEAT FOUND BENEFICIAL

Meat, Concentrated Source of Protein, Promotes Formation of Red Blood Cells, Investigators State

Strained meat, a concentrated source of protein, can now be added to the formulas of bottle-fed babies beginning at the age of six weeks, according to Ruth M. Leverton, Ph.D., of Lincoln, Neb., and George Clark, M.D., of Omaha, Neb.

Writing in the August 9 issue of *The Journal of the American Medical Association,* the authors state that "the use of meat in the diet of infants before the age of six to nine months has not been a general practice, because of the prejudice that meat is hard to digest and because it has not been available in a suitably homogeneous form. With scientific evidence to refute the prejudice and with commercially strained meat now available for use, meat presents itself to the pediatrician and parent as a concentrated source of high quality protein for supplemental feeding at an age when the protein requirement, expressed on the basis of body weight, is at its highest."

Dr. Leverton, from the Department of Home Economics and Dr. Clark, the Department of Pediatrics, University of Nebraska, state that during a six month period 33 infants were studied; beginning at the age of six weeks, 18 received the strained meat supplement and 15 were observed for comparison.

The authors explain that the "strained meat was mixed with the formula just before it was distributed into the bottles for individual feedings. The amount of meat added was determined by calculating the quantity necessary to increase the protein content of each infant's formula 25 per cent, and therefore it varied with the strength of the formula and the variety of meat used. The varieties were veal, beef, pork and lamb; one was used each week, and then the sequence was repeated. The amount of strained meat averaged about 27 grams daily. The total amount was not added abruptly — one third of the total was added for three days, this was increased to two thirds for the second three days, and then the full amount was added beginning the seventh day. The 'dextri-maltose' in the formula was decreased sufficiently to compensate for the calories furnished by the meat."

The nurses considered that in general the babies who received strained meat routinely were more satisfied and slept better at night than did the 15 who did not receive this supplement. Dr. Clark, who was in charge of the medical care for all the children, considered that the babies were in a better physical condition as a result of receiving the meat supplement for it promotes the formation of hemoglobin and red blood cells.

Council Meeting Minutes

The regular mid-summer meeting of the Council was held at the Palmer House, Chicago, on Sunday, August 10, 1947, with the following present: Neece, Hopkins, Stevenson, Pond, Hawkinson, Hedge, Harker, Sweeney, Blair, Pcairs, English, Lane, Otrich, Hamilton, Coleman, Furey, Cross, Leary, Neal, Hutton, Camp, and Frances Zimmer. Minutes of last meeting were approved.

SECRETARY reported that since last meeting State Legislature and Federal Congress had adjourned. Referred to news services of interest to physicians from several sources in Washington, had been reviewed, and thought Council should authorize subscriptions to one or more of these services, so that important releases may be mimeographed and sent to Council members, component society officers, and list of key men throughout the state. Copies of some recent releases had been mimeographed and were distributed to members. Efforts have been made to seek suitable location for a downstate meeting of the Society, but Peoria and Springfield unable to meet the minimum requirements, but hoped they would have same available for future meetings. Tentative plans for 1948 annual meeting in Chicago should be made official today. Chicago Councilors should select chairman and vice chairman for Committee on Arrangements, this subject to Council approval. Reference to Pediatric Survey, as supervised by American Academy of Pediatrics; Illinois, although returning 70% of the desired reports, has been selected as one of four states in which the survey is to be completed. Procedure outlined, and Council authority sought before completing the survey.

PRESIDENT NEECE told of the highlights in his official duties since the annual meeting, referring especially to recent A.M.A. meeting in Atlantic City, where he attended the annual conference of State Society Presidents and other Officers. Senator Taft appeared on this program, and gave an interesting talk; also General Paul R. Hawley, who reviewed the program for care of veterans with service-connectd disabilities at the home level. Stated that the mid year meeting of the A.M.A. House of Delegates will be held in Cleveland, early in January, followed by a two day scientific session for general practitioners, this a new venture and should be extremely popular. Reference made to the post graduate conferences to be held during the present fiscal year; programs should be worked out carefully to give what the members actually want.

PRESIDENT-ELECT HOPKINS had no report at this time, but will report later as chairman of two committees.

Individual councilors asked to give reports on activities in their respective districts, which were not included in the meeting agenda. HARKER stated that the American Academy of General Practice is proving quite popular in Cook County and their C.M.S. Branch Societies are all working on this development.

POND referred to conference with president of the Woman's Auxiliary, who has contacted him several times as chairman of their medical advisory committee. Told of some of the things Mrs. Soukup, as president, would like to have discussed by the Council. Recommended that Mrs. Soukup and perhaps another officer of the Auxiliary be permitted to meet with the Executive Committee of the Council at its next meeting, October 4. STEVENSON stated that this was considered the previous evening by the Executive Committee which is willing to extend such an invitation to Mrs. Soukup. MOTION-Hamilton-Coleman, that the Council concur in the recommendation of the Executive Committee. Motion carried.

OTRICH referred to his check on a recent candidate for membership in a component society in his district. Believes the action taken by this Society was quite proper.

COLEMAN reported on several matters of interest relative to various activities he has had in

recent months and promised a summarized report at the next Council meeting.

HUTTON, as chairman of the Committee on Medical Service and Public Relations, told of a recent meeting of the special history committee appointed at the last meeting. Plans were made for procuring additional historical data, and also for proper evaluation of the material on hand. Committee recommended that Fifty Year Club members, Emeritus Members, and others whose knowledge concerning medical affairs in Illinois dates back at least 50 years be interviewed. Ann Fox has already interviewed several in Cook County, and it was recommended that Frances Zimmer call upon several of these men in the down-state counties in coming months to procure additional historical data. The committee will meet several times in the near future to give this important matter proper consideration. No Plans at this time for procuring an editor to assume responsibility for publication of the proposed book. Referred to recent legislative activities in Illinois. Likewise recent work by the Public Relations Counsel, J. C. Leary, who has released a number of stories to the press on medical activities. Some releases were commented upon by some of the feature writers. Some releases on current problems following publication of original articles in the Illinois Medical Journal appeared in many papers, and other publications. Some 300 clippings have come in recently through the press clipping bureaus.

NEAL reported as executive secretary for the Committee, referring to various enactments in the recent state legislature. Commented upon a number of these bills in detail. A summary of all bills pertaining to medicine and health will be prepared in the near future and sent to the membership for their information.

BLAIR reported as Chairman of the Educational Committee, telling of recent activities in that office. New phone service now completed in the Society's Chicago office, with three lines, and numbers, which will be listed in the next telephone directory. The exhibit authorized by the Council and shown at the last annual meeting, is now at the Illinois State Fair, where much interest has been shown in this work. Committee has had the exhibit photographed, and desires to publish a folder using these photographs as part of a booklet to be handed out in connection with the showing of the exhibit at fairs, P. T. A. groups, etc., in the near future. Referred to "Health Talk" now going out regularly to a large sized mailing list, which is being constantly increased. Also referred to the package library, and many requests for service.

FUREY as vice-chairman for the Committee, commended on Blair's report, and told of his interest in the work. He believes the committee is serving the Society in accordance with the principles and recommendations of the Society as a whole.

MOTION-Blair-English, that the Educational Committee be empowered to revise the exhibit at a cost not to exceed $300.00, and also to publish the booklet, for the same amount. Motion carried.

MOTION-Blair-Harker, that the expenses for showing the exhibit at the State Fair and before other groups, not be assessed against the budget of the Committee. Motion carried.

HOPKINS, as chairman of the Committee on Voluntary Pre-Payment Medical Care Plans, told of a recent meeting with representatives of the Accident and Health Group, representing more than 100 insurance companies. The group recommended the establishing of an income level to aid them in preparing and selling the type of insurance the committee recommends. Also recommnded that the Society urge the membership to accept the amount paid under the indemnity type policy, as "payment in full" for those in low income groups to whom additional charges would work a financial hardship. The principles formerly established, in conformity to the House of Delegates action at the last meeting, are being revised at this time. Believes it would be advisable to have district meetings throughout Illinois to educate physicians relative to the importance of this program and the need for complete cooperation. The Post-Graduate Conferences would be an excellent place to give information along this line. The Committee may ask for permission to conduct an all day meeting late in the fall to be attended by officers of county societies, to give them all information possible on the subject.

HOPKINS reported as Chairman of the Medical Advisory Committee to the Veterans Administration, referring to problems which have arisen recently in connection with the care of veterans with service-connected disabilities at the home level. At a recent meeting with representatives of the V. A. F. two things were requested by the latter group. (1) a new contract which would contain a definite expiration date, which would coincide with the end of the fiscal year under which the V. A. F. operates, and (2) a new maximum fee schedule to be adopted at a national level. The fee table is based on maximum payments and the physician must certify that the amounts charged are not in excess of charges for private patients for similar ailments, in his practice. The A. M. A. is contemplating the holding of a meeting to be attended by representatives of Medical Advisory Committees from all the states, and until this is held, the Chairman does not recommend any change in the present program.

HAWKINSON referred to the Medical Benevolence Fund, and the present endeavor to build up a sizable permanent fund. Believes Council members should check on the subscriptions from their respective districts, and use every available opportunity to get more members to subscribe to this fund. Would like to send another letter to those who have not as yet sent in subscriptions.

Hawkinson also reported as Chairman of the newly created Committee on Medical Testimony. Tells of friendly relations with the Bar Association relative to this work. Letters were sent out by the Bar Association in Chicago telling of this work, and believes it should be made state wide at this time. If the Bar Association does not care to assume responsibility and costs of sending out the letters, recommends it be so approved by the Council.

MOTION, Hawkinson-Sweeney, that the Society assume the expense of sending out such a letter to the judiciary if the Bar Association does not care to do so. Motion carried.

BENEVOLENCE COMMITTEE functions as per the recent amendment to the by-laws governing their work, seems to be rather indefinite as to the amounts which can now be paid to beneficiaries.

MOTION: Hamilton-Otrich, that the Committee be empowered to give the recipients up to $50.00 per month and any recommendation they desire to make for payments above that amount should be presented to the Council for action. Motion carried. (Note: it was brought out that no names of beneficaries are to be reported to the Council; merely the facts, and the recommendations of the Committee)

COLEMAN told of the meeting held the previous evening, of the Medical Advisory to the I. P. A. C. with officials of that group. There have been cuts in the legislative programs and greater care must be taken than in the past, to be sure the amounts charged for medical care under the program should be reasonable and in accordance with established principles. It is necessary for the county medical advisory committees to be more careful in reviewing the charges for medical care. A number of abuses were reported.

OTRICH recently attended a meeting on nutrition held at Ohio University, and was surprised at the reports showing what chemists are doing. Reports on soil chemistry, biochemistry, etc., were of much interest to those present. Referred to the one day meeting on Nutrition to be held in Chicago on October 1, when quite a number of outstanding authorities on nutrition are scheduled for talk before lay groups. Believes it would be well to schedule talks on nutrition on the post graduate conference programs.

There was a general discussion on the various news services giving information on the political scene; recommended that the Secretary investigate costs, etc., and see if it is possible to get one or more of these services, and permission to mimeograph portions of same to be sent to our own mailing list of society officers, etc.

MOTION: Hamilton-Hedge, that Sam B. Peacock, Pike County, be elected to Emeritus membership. Motion carried. MOTION: English-Sweeney that the following be elected to the newly created Past Service Membership: R. L. Whiteside, Jonesboro; J. A. Dagnault, Rockford; Floyd G. Tindall, Rockford; Warren C. Ives, Rockford. Motion carried.

MOTION: Hedge-Lane, that bills as audited by finance committee be approved. Motion carried.

CHAIRMAN announced that the next meeting of the Council would be scheduled tentatively for Sunday, October 5.

Harold M. Camp, MD., Secretary

DOCTOR BELIEVES BLOW TO BODY MAY AWAKEN LATENT VIRUSES

A Philadelphia physician believes that a blow to any part of the body may affect the nerves supplying the injured part and produce herpes zoster, a virus disease which is characterized by an eruption of a group of small blisters on an inflamed base.

Joseph V. Klauder, M.D., from the department of dermatology and syphiology, Wills Hospital, states that many investigators believe that herpes zoster may follow even a slight blow because this may influence the awakening of latent viruses from a condition of dormancy.

The author, writing in the May 17 issue of *The Journal of the American Medical Association,* observed eight patients with herpes zoster which appeared after injury. One woman getting out of the rear seat of an automobile struck the right side of her head on the frame of the door. The skin was not cut, and no swelling resulted. The next morning pain appeared, which was confined to the right side of the head and neck and became more severe in the next 24 hours. On the third day after the injury an eruption of herpes zoster appeared, confined to the right side of the scalp and forehead. The eruption disappeared about two weeks after onset, but the pain in the head and neck persisted about three months.

Another case cited by the author was that of an janitor, who, while sweeping, experienced a sensation of a foreign body in the right eye. The eye became red and two days later a foreign body was removed from the cornea. The day following its removal an eruption of herpes zoster, accompanied by pain, appeared on the right side of the scalp and forehead, extending to the base of the nose. There was an involvement of the cornea. Pain disappeared in about two months.

"From the cases herein reported and from the review of literature," writes Dr. Klauder, "an interval of about one day to about three weeks from the time of injury to the appearance of herpes zoster predominated."

He adds that the "disease in the majority of patients pursues an uneventful course to recovery; pain is not sufficiently severe to incapacite. Of patients above middle age, however, pain may be severe and protracted, causing incapacitation."

SURGEON SAYS CANCER CLINICS HOLD KEY TO CANCER PROBLEM

Claims Establishment of Cancer Detection Clinics Affords Best Promise Today of Early Recognition of Disease

Cancer of the stomach, which "strikes fear into the heart of patients," is the most frequent of all malignant growths, according to Owen H. Wangensteen, M.D., from the Department of Surgery and the Graduate School of the University of Minnesota, at Minneapolis.

Writing in the August 2 issue of *The Journal of the American Medical Association*, Dr. Wangensteen says that in the light of present-day knowledge surgery is the only worthwhile treatment for patients with gastric cancer, adding that "the most radical surgery with the lowest mortality is the best surgery."

ARTICLE CITES STATISTICS

In his article, entitled "The Problem of Gastric Cancer," Dr. Wangensteen cites these conclusions:

—Only six per cent of the patients whose disease is diagnosed as gastric cancer are alive five years later.

—Only 25 per cent of the patients who have gastric cancer are suitable candidates for a curative type of operation.

—Gastric cancer is curable, but the problem is to recognize the presence of the disease in time, so that patients will not be denied the real hope that timely and well performed surgical intervention holds out to sufferers from gastric cancer.

—The death rate for cancer of the stomach is high in almost all countries, and deaths from gastric cancer comprise from 25 to 40 per cent of all deaths from cancer.

—Deaths from cancer in this country rank only next to cardiac disease as the most frequent cause of death, and of the 150,000 annual deaths from cancer in the United States, approximately 40,000 persons die of gastric cancer.

—New Hampshire, with 30.0 per cent of its people above 45, has an annual cancer mortality rate of 155.4 per 100,000, the highest in the United States.

—X-rays, discovered in 1895, have since become the most reliable means of diagnosing gastric cancer.

—Autopsy figures suggest that in men over 20, six per cent of all deaths are due to gastric cancer; and in men between 50 and 70 years, 8.8 per cent are caused by gastric cancer.

—In women, 4.3 per cent of deaths at autopsy in patients over 20 years of age are due to gastric cancer; and five per cent of all deaths in women between 40 and 70 years are caused by this disease.

CLEVELAND CHOSEN AS SITE FOR A.M.A. MID-WINTER MEETING IN JANUARY

The Executive Committee of the Board of Trustees of the American Medical Association has announced that the mid-winter meeting of the House of Delegates will be held in Cleveland, Ohio, on January 5 and 6, followed by a general scientific session for the general practitioner on January 7 and 8. The Cleveland site was chosen after a careful survey of more than 10 cities in the west and southwest. Cleveland provided the most satisfactory accommodations.

A final diagnosis of tuberculosis should never be made on the first X-ray film. A disturbing number of films showing definite infiltration of the lung field will be found to have cleared completely on a retake made two weeks later, and the parents will be spared much unnecessary worry and the radiologist no little embarrassment by this simple precaution. Students (and others) found to have significant lesions should be given a complete examination, including a tuberculin test and X-ray at once to determine the nature and activity of the process and the need of treatment. Those with inactive or suspicious lesions should be re-examined at least every six months to determine the question of activity. Alton S. Pope, M.D., NTA Bull., Nov., 1946.

News of the State

PERSONALS · COMING EVENTS · MARRIAGES · DEATHS

ADAMS COUNTY

Personal.—Dr. E. Garcia de Quevedo, Quincy, has started the practice of medicine in Greenfield. The town has been without a resident physician for almost a year.

BUREAU COUNTY

New Health Officer in Spring Valley.—Dr. George E. Kirby recently assumed his activities as health officer of Spring Valley.

CHAMPAIGN COUNTY

Personal.—Dr. Straut W. Shurtz, Urbana, recently observed his eightieth birthday. Dr. Shurtz is a member of the Fifty Year Club of the Illinois State Medical Society.

COOK COUNTY

New Director Named for University Hospitals.—Eugene L. Lopez, Elmhurst, formerly associated with the University of Illinois student health service and McKinley Hospital in Urbana, has been appointed director of clinics at the University of Illinois Hospitals, Chicago. During the past three years, Mr. Lopez has been assistant administrator of the hospitals. In his new capacity, Mr. Lopez will have charge of the twenty-two outpatient clinics at the university.

Society News.—Dr. Philip Thorek presented a paper on "Intestinal Obstruction" at the Eighth Harlow Brooks Memorial Navajo Clinical Conference in Ganado, Arizona, on August 26.

Pathologic Conferences at Cook County.—The Clinical Pathologic Conferences at the Cook County Hospital will be held every Thursday from 11:00 a.m. to 12:00 noon in the amphitheater of the Department of Pathology starting October 2, 1947.

Edwin Jordan Joins Cleveland Clinic.—Dr. Edwin P. Jordan, formerly Associate Editor of the Journal of the American Medical Association, has been named director of medical education and the Bunts Educational Institute of the Cleveland Clinic. In directing the activities of the institute, a newly created position, Dr. Jordan will correlate all of the educational activities of the Cleveland Clinic, including the editorial, library, photographic and art departments of the clinic. Dr. Jordan was born in Chicago and graduated at Rush Medical College. He has been on the staff of the American Medical Association for the past ten years, serving also as editor of the Standard Nomenclature of Disease and Operations.

Dr. Ivy Honored.—Dr. A. C. Ivy, vice president of the University of Illinois for the Chicago Professional Colleges, has been named an honorary member of the American Congress of Physical Medicine.

Dr. Ivy has received the membership "for studies of electrical stimulation of paralyzed muscles and resuscitation from carbon monoxide asphyxia, and for assistance to the Council of Physical Medicine of the American Medical Association."

The honorary award was granted by the Congress at its annual meeting at Minneapolis, Minn., this week. Dr. Ivy addressed the Congress on "Medical Research" on Thursday, September 4.

Tribune Staff X-Rayed.—All employees of the Tribune, together with members of their families, including children over fifteen years of age were given an opportunity during a ten day period, beginning September 8, to have their chests x-rayed free of charge. The survey was conducted in Tribune Tower in cooperation with the Tuberculosis Institute of Chicago and Cook County.

The Capps Prize.—The Institute of Medicine of Chicago announces that manuscripts are now being considered for the Joseph A. Capps prize. Competition is open to graduates of Chicago medical schools who completed their internship or one year of laboratory work in 1945 or thereafter. Manuscripts must be submitted to the Secretary of the Institute of Medicine of Chicago, 86 East Randolph Street, Chicago 1, not later than December 31, 1947. The manuscript, as submitted, of the prize paper is to become the property of the Institute of Medicine of Chicago. If no paper presented is deemed worthy of the prize, the award may be withheld at the discretion of the Board of Governors. The $400 prize is offered by the Institute for the most meritorious investigation in medicine or in the specialties of medicine. The investigation may be also in the fundamental sci-

ences, provided the work has a definite bearing on some medical problem.

Physicians Honored.—Dr. Paul H. Holinger, assistant professor of otolaryngology at the University of Illinois, and Dr. Ralph G. Rigby of Salt Lake City have been named winners of the grand prize in the scientific film section at the World's Film and Fine Arts Festival conducted at Brussels, Belgium.

Dr. Holinger and Dr. Rigby submitted the film "Bronchial Tumors," a kodachrome movie of the bronchi taken through a bronchoscope. Dr. Rigby is a former member of the University of Illinois faculty.

The Prince Regent of Belgium will present the prize to a representative of the state department this fall. Dr. Holinger and Dr. Rigby will receive the award from the state department representative.

Dr. Benford Promoted.—Dr. Myron C. Benford has been promoted to assistant medical director of the University of Illinois hospitals. He previously served as head of the outpatient department.

In his new capacity, Dr. Benford will assist Dr. John B. Youmans, dean of the college of medicine and medical director of the hospitals. The hospitals with a combined 485-bed capacity have been operated by the University of Illinois since 1941 in the Medical Center District.

Dr. Benford, a native of Peoria, attended Bradley University, and graduated from the University of Illinois college of medicine in 1934. He was appointed to the faculty in 1936, and later served as assistant superintendent of the hospitals. He has served as director of the University's 22 outpatient clinics since 1942. Dr. Benford resides at 73 N. Longcommon Road, Riverside.

Dr. Kraines Honored.—Dr. Samuel Henry Kraines, Chicago, recently was elected to membership in the National Committee for Mental Hygiene in recognition of his "highly valued contributions to the progress of organized mental hygiene work." The citation acknowledging the honor points out that Dr. Kraines, who is assistant professor of psychiatry, University of Illinois College of Medicine, has given outstanding service, not only in the capacity of a teacher, but especially in developing the preventive aspects of psychiatry and mental hygiene. While in the army he developed an adviser system whereby non-commissioned officers were selected and trained to observe early evidences of maladjustment, to act as friendly counsellors to the men in their respective barracks, and to encourage those who continued to have problems to take them up directly with their commanding officers and through them obtain consultation with the neuropsychiatric consultant. Improvement in morale, decrease in the number of AWOL's and other values resulted. During his period of service he interpreted the needs of soldiers and veterans to many community groups and served in an advisory capacity to social and health agencies and to industrial leaders.

Permanent Home for Chicago Medical Society.—On August 20 an agreement was signed between the Chicago Medical Society and the Medical Center Commission for the purchase of land between Damen and Ogden Avenues, facing on Congress Street, as the site for the new $2,000,000 home for the Chicago Medical Society. The land, covering two and one-half acres, is guaranteed to the medical society at a purchase price of $25,000. Part of the land is already owned by the commission, the balance will be acquired either through negotiation or by condemnation.

Leading architects will be invited to submit designs for the new building suitable to its location at the main gateway to the Medical Center District. Construction of the building itself is expected to cost one million dollars. Another million, it is believed, will be required to equip it completely for occupation. It is hoped the building will be sufficiently advanced so that the corner-stone may be laid in 1950, which will mark the centennial of the society. Its location will establish a landmark facing the new Congress Expressway. The expressway is already under construction.

The new medical society building will be not only one of the major ornamental structures to face the new expressway. It also will be one of the first of several new institutional buildings to be constructed on the Damen avenue plaza that extends across the Medical Center District from Congress street to Roosevelt road. Damen avenue has already been widened to 200 feet through the district and has a parkway between the traffic lanes.

Chicago Physicians Participate in Allergy Symposium.—A symposium on "Antihistamine Agents in Allergy" held at the New York Academy of Sciences, October 3-4, included discussions by Dr. Carl A. Dragstedt, professor of pharmacology, Northwestern University Medical School, on "The Role of Histamine and other Metabolites in Anaphylaxis"; Dr. Earl R. Loew, department of pharmacology, University of Illinois College of Medicine, on "The Pharmacology of Benadryl and the Specificity of Antihistamine Drugs"; and Dr. Samuel M. Feinberg, department of allergy, Northwestern University Medical School, on "Antihistamine Therapy, Experimental and Clinical Correlation". Dr. Dragstedt is on the organizing committee for this Conference.

Dr. L. R. Dragstedt Relates Cancer Problem.—The "lucky" solution to cancer will come from steady progress along the entire scientific front and not as a result of accident or inspiration, according to Dr. Lester R. Dragstedt, chairman of the department of surgery and member of the university committee on cancer.

Describing the University of Chicago's cancer program, to members of Kiwanis Club of Chicago,

Dr. Dragstedt stated: "The cancer problem does not, as many laymen suppose, come exclusively within the sphere of the medical departments of a university. Every scientific department concerned with living cells or their physics or chemistry can contribute its special knowledge.

"Cancer research is of particular interest to the university's scientists, not only because of the importance of controlling cancer, but also because success rests on cooperation among 17 areas in the clinical fields and in the basic sciences.

"The principle of cooperative research has been highly developed at the university and represents an important reason for its scientific reputation," the University of Chicago surgeon said. "The university's medical staff is the only one in the country where each member devotes full time to research, instruction, and treatment of patients."

The university's cancer research program, which for many years has been devoted to the investigation and treatment of cancer and includes numerous discoveries and advances, was expanded last year under the University of Chicago Cancer Research Foundation.

A not-for-profit corporation, the research foundation will center at the new Nathan Goldblatt Memorial Hospital, for which the Goldblatt Brothers Foundation gave a million dollars. The new hospital will be one of a small number of hospitals in the nation, which apart from treatment of cancer are devoted to a study of the causes of the disease.

Personal.—Herbert C. DeYoung and Dr. Jerome Head, both of Chicago, were elected representative director and director-at-large, respectively, of the National Tuberculosis Association recently.—Dr. Salvadore A. Lask recently opened offices at 9139 Commercial Avenue, Chicago.—Dr. Horace R. Lyons, formerly of 6 North Michigan Avenue, Chicago, recently retired from the active practice of medicine.

New Medical Director at Illinois Tech.—Dr. Charles J. Smith, 1791 Howard Street, has been named medical director of Illinois Institute of Technology. He formerly was a member of the Loyola University medical staff.

EDWARDS COUNTY

Veteran Physician Retires.—Dr. James L. McCormack, Bone Gap, who recently completed fifty-five years in the practice of medicine, has retired and plans to move to Newton to be near his daughter. Dr. McCormack received his early education in the country school, Jasper County, Newton Normal and McKendree College, Lebanon. He taught school seven years before he started the study of medicine at Rush Medical College and graduated at the St. Louis College of Physicians and Surgeons in 1892. In the same year Dr. McCormack started medical practice in Willow Hill. He later went to West Liberty and July 7, 1896, moved to Bone Gap where he has been practicing since. He has been active for many years in numerous lodge activities and, in addition, was president of the board of the local Methodist Church. According to one official tribute, Dr. McCormack "assisted in everything that was for the betterment of the community and county." He was one of the examining physicians for both World War I and II, chairman of the WPA, spending many hours in driving long distances to give aid to needy men and for which he never accepted payment. He assisted in relief work, sold bonds, collected money for Red Cross and the War Chest. He was a member of the county tuberculosis committee, the board of health, the Illinois Public Aid Commission, surgeon of the I.C.R.R. for many years and coroner of Edwards County.

EFFINGHAM COUNTY

Crippled Children's Clinic.—A clinic for physically handicapped children in the Effingham area was held at St. Anthony's Hospital in Effingham, August 7. The clinic was conducted by the University of Illinois Division of Services for Crippled Children in cooperation with St. Anthony's Hospital. Included among those participating in the clinic were Dr. Newton C. Mead, orthopedist, Dr. Russell Blattner, pediatrician, and Miss Evelyn Green, speech and hearing consultant for the Division of Services for Crippled Children.

HENRY COUNTY

Society News.—Dr. Fred E. Ball, associate in medicine, Northwestern University Medical School, Chicago, discussed "Coronary Disease" before the Henry County Medical Society in Kewanee, September 5.

JERSEY COUNTY

Hospital News.—The Jerseyville Hospital operated by Dr. and Mrs. B. A. Marsden since January 5, 1929, was closed July 28. Dr. Marsden will continue to practice medicine in Jerseyville. Newspaper reports indicated that the physician and his wife were converting the hospital into a home where the doctor will also maintain his office.

KANE COUNTY

Cancer Information Center Opened.—A Cancer Information Center was opened in the Aurora Recreation Center recently with Mrs. Gerritt Cotts as executive secretary. Mrs. Cotts is the daughter of Dr. George W. Hahn, former city health officer. The new center is under the joint sponsorship of the Kane County Medical Society and the Aurora Chapter of the American Cancer Society. Dr. Vernon L. Evans, medical adviser to the Aurora Chapter, Dr. Coye C. Mason, service chairman, and Dr. F. A. Thorndabene, district health officer, are in charge of the project. A similar center has been opened in Elgin, and Mrs. Cotts will divide her time between the two units.

KANKAKEE COUNTY

New Manteno Hospital.—Dr. Alfred P. Bay, superintendent of Alton State Hospital, has been ap-

pointed head of the Manteno State Hospital, effective September 8, newspapers reported. Dr. Bay succeeds Dr. Walter H. Baer who resigned. Dr. Abraham Simon, assistant superintendent of the Kankakee State Hospital, was named to succeed Dr. Bay at Alton.

LAKE COUNTY

School for Spastic Children.—A school for handicapped children in Lake County opened recently in the Jackson School, Waukegan, and renews a movement to aid education of spastic and crippled children begun last year by the Waukegan Exchange Club. Recognizing the necessity for such a school civic, social, professional, and business groups of Waukegan and Lake county formed the Lake County Crippled Children's Aid association, which will sponsor the new program. Equipment of the two rooms allotted the new school has been undertaken by the association. There will be twelve cots, infra-red ray lamp for heat treatments, massage table for physiotherapy treatments, exercise bars, an inclined plane for learning to walk uphill, exercise steps, and toys for muscle coordination. In the classroom will be two study tables and aids to pupils who find difficulty in moving from one place to another. Facilities are adequate for fifteen students, though it was disclosed in a survey that more than one hundred children in Lake County need immediate or long range orthopedic attention. Until the new project was undertaken Lake County had no agency, public or private, for extending education to its crippled, spastic, or otherwise handicapped children. Dr. H. R. McCall, superintendent of Waukegan grade schools, will direct the project. The grade school board of education will supply the instructor, Miss Gertrude Christy. Physiotherapy treatments will be given three days weekly by Mrs. Stephen Gere, who will donate her services. Costs up to $300 a pupil over and above the normal cost of education will be met by the state providing the school meets with state requirements. These include the stipulation that no one room shall serve more than fifteen pupils. Mrs. A. C. Schoeder, high school nurse, through a survey of the county's urban districts has compiled a list of twelve approved pupils who will enter the school. These candidates were chosen from twenty-eight interviewed. Mrs. Elaine Wharton, nurse in the county superintendent's office, is conducting a survey of the rural communities to find additional candidates. Preference in the program will be given Waukegan Dwellers and those in nearby areas because no provision has been made for transportation. Students must be taken to and from classes by their families. Indications are that enrollment in the new project will include children ranging from six to twelve years old. Some will have had no previous instruction. Subjects will cover classes from 1st through 8th grade.

LAWRENCE COUNTY

Health Officer Appointed.—Dr. Dale E. Scholz, formerly of the Middletown, Conn., Health Department, has been appointed director of public health of the new Wabash-Lawrence Health Department. Dr. Scholz received his medical degree from the University of Rochester School of Medicine, Rochester, N. Y., and his public health degree from Columbia University College of Physicians and Surgeons, New York.

MACON COUNTY

Society News.—The Macon County Medical Society held its annual picnic at the Scovill Golf Course, August 21.

Cancer Diagnostic Clinic Opened.—On July 24 the first session of the Cancer Diagnostic Clinic was conducted at the Decatur and Macon County Hospital. The clinic, is operated by the Macon County Medical Society in conjunction with the American Cancer Society and its Macon County chapter.

MADISON COUNTY

Personal.—Dr. Clifford Byers, 2265 Edison Avenue, announced August 11 that he was taking over the practice of Dr. Luke Knese whose office is located at 305 Madison Avenue.

ROCK ISLAND COUNTY

Society News.—Dr. Louis Limarzi, associate professor of internal medicine, University of Illinois College of Medicine, addressed the Rock Island County Medical Society in Moline, September 9, on "The Diagnostic Value of Sternal Puncture."

SANGAMON COUNTY

Personal.—Dr. Henry S. Bernet, whose practice is limited to internal medicine, announces his association with the medical group of Drs. Patton, Evans, Lewis and Masters in Suite 612 Myers Building, 107 South Fifth Street, Springfield. Dr. Milton C. Baumann, a diplomate of the American Board of Psychiatry, and whose practice is limited to neurology and psychiatry, has also joined this group of physicians.—Dr. Paul Bransford, Springfield, has become associated with Dr. Kenneth J. Malmberg in Auburn.

SCOTT COUNTY

Society News.—Dr. Robert Hartman, Jacksonville, addressed the Kiwanis Club, July 22, on "Cancer".

UNION COUNTY

County Society Secretary Made Fifty Year Member.—Dr. E. Vincent Hale, Anna, secretary of the Union County Medical Society, was made a member of the Fifty Year Club of the Illinois State Medical Society during a meeting of the Six County Medical Society at the Anna State Hospital, October 9. The six counties represented were Union, Jackson, Perry, Randolph, Williamson and Franklin. Among the speakers at the meeting, which was presided

over by Dr. Harry Phillips, president of the Union County Medical Society, were Drs. Paul B. Nussbaum, Cape Girardeau, Mo., on "Prostatic Resection"; Louis R. Limarzi, Chicago, "Common Disorders of the Blood", and Frederick A. Gibbs, Chicago, on "Epilepsy."

GENERAL NEWS

Hospital Program Approved in Illinois.—Official notice has been received by the state department of public health that the Illinois hospital construction plan was approved by the surgeon general of the United States public health service on August 8. This action releases to Illinois approximately $2,770,000 of Federal funds for aiding in the construction of local non-profit hospitals in Illinois during the twelve months beginning July 1, according to Dr. Roland R. Cross, state director of public health. A similar amount will be available from the federal government for the same purposes during each of the next four succeeding years.

The State also appropriated $4,850,000 to aid in the construction of local public and non-profit hospital projects which are in line with the State plan. Not more than one-third of the cost of any project can be paid from federal funds and not more than one third from state funds.

The State plan is based on the results of a survey of all hospital facilities in Illinois which was completed late in 1946, Dr. Cross said. The purpose of the survey was to discover the areas in the State where new hospital facilities are needed. The state plan, among other things, lists the areas in the state according to the magnitude of the need for additional hospital facilities. Those areas which now have no hospitals at all are at the top of the list and will have first chance at federal and state funds with which to build. The rank of other areas is in the order of their needs as to facilities.

Application forms for filing applications for federal and state funds have been prepared and are being mailed to the list of local people who have indicated interest in applying for financial aid. The forms are available on request.

Both federal and state funds will be administered by the State Department of Public Health.

Medical members of the newly appointed advisory council to the state department of health in carrying out the hospital construction program include Drs. Robert S. Berghoff, Chicago, who was chairman of the hospital survey that was one of the essential requirements in receiving the federal allocation of funds, Irving Neece, Decatur, President, Illinois State Medical Society, Everett P. Coleman, Canton, and Mark Greer, Vandalia.

Toxicological Analytic Service Available.—Establishment of a toxicological analytic service at the University of Illinois College of Medicine for law-enforcing agencies of the state was announced by Dr. C. C. Pfeiffer, head of the department of pharmacology and toxicology.

Dr. Pfeiffer said that the University laboratory would perform toxicological analyses of the organs of persons dying of poison, as well as analyses of the organs of any individual in which death was unexpected. The service will be extended to all states' attorneys and coroners in the 52 counties of Illinois.

The service has been developed as a result of numerous requests received by the University of Illinois from law-enforcing agencies. States' attorneys and coroners have pointed out that facilities for accurate diagnosis of death due to poisoning are inadequate at the present time.

Services which will be performed by the University include blood alcohol, barbiturate, heavy metal, blood carbon monoxide, and alkaloid tests, and a complete analysis in the event that the cause of death is unknown. A nominal fee will be charged for the services.

Dr. Pfeiffer said that the results of the analyses would be kept confidential, and that analytical reports would be given only to the submitting agency. In addition, a member of the professional staff of the department of pharmacology and toxicology will appear as an expert witness, when needed.

The service will be similar to a state plan already used in Michigan, Indiana, and Wisconsin. The laboratory has been established as part of a program to extend the professional, educational, and scientific services of Chicago Professional Colleges of the University of Illinois to all parts of the state. A budget for the operation of the laboratory has been approved by the University's board of trustees.

Dr. W. J. R. Camp, professor of toxicology, will supervise the work. He will be aided by a senior medical technologist and a graduate student assistant.

The University of Illinois was given jurisdiction over all chemical analyses in Cook County last month. The University was asked to assume the duties by Coroner A. L. Brodie who sought to improve the Cook County chemical laboratory following criticism of inconsistent findings in the James Ragen and Julius "Dolly" Weisberg cases.

New Members of Fifty Year Club.—Included among the new members of the Fifty Year Club of the Illinois State Medical Society are Drs. James Henry Davis, Carlinville, Macoupin County; Frank W. Brodrick, Sterling, Whiteside County; R. G. Scott, Geneva, Kane County; E. Vincent Hale, Anna, Union County; W. H. Baker, Quincy, Adams County; F. T. Brenner, Quincy, Adams County; H. O. Collins, Quincy, Adams County; William Zimmermann, Quincy, Adams County; and A. W. Werner, Quincy, Adams County.

HEALTH DEPARTMENT ACTIVITIES

Maternity Care Improves.—Despite the fact that almost 25,000 more babies were born in Illinois in the first five months of this year than in the comparable period of 1946, statistics reveal an improvement in the efficiency of maternity care provided. The reported number of maternal deaths for this period declined from 102 to 89, resulting in a maternal death rate of 1.1 per 1,000 live births as compared with a rate of 1.9 for the first five months of 1946.

Although the total number of deaths among infants under one year of age increased from 1,930 to 2,506, the infant death rate was lower: 32 deaths per 1,000 live births recorded from January through May as against a rate of 35.7 for the comparable period of 1946.

The number of deaths from all causes in the same period was 40,538, an increase of 1,645 over the first five months of 1946. Heart disease accounted for most of the increase in general mortality.

Sharp upward trends marked the death rates from heart disease and cancer. These two diseases accounted for 20,892 deaths, or a little more than 50 per cent of all mortality reported in the State during the five months. Heart disease was charged with 15,343 deaths, and cancer with 5,549.

Among the diseases of children, there was a marked decrease in the mortality from measles and diphtheria. Deaths from whooping cough numbered more than twice those for the comparable period of 1946.

Dr. Herbolsheimer Named Head of New Division.—Dr. Henrietta Herbolsheimer, head of the division of maternal and child health, has been appointed chief of a newly created division of hospital construction and services in the department of public health, effective September 5. Dr. Ruth Dunham, a member of the staff of the state department since 1943 serving as health officer of Williamson County and of the bi-county health department of Alexander-Pulaski Counties, has been appointed chief of the division of maternal and child health. Dr. Herbolsheimer has been a member of the staff of the department of public health for six years and has directed the survey of hospital facilities and developed the long-range plan for hospital construction which should lead ultimately to a coordinated hospital system in the state that would provide hospital facilities easily accessible to all residents. Dr. Herbolsheimer is now attending the Johns Hopkins School of Hygiene and Public Health to obtain a master's degree in public health.

Public Health Services for Illinois Physicians.—A booklet has just been made available by the Illinois Department of Public Health, entitled "Public Health Services for Illinois Physicians." It is Educational Health Circular 163 and serves as a means of bringing to Illinois physicians a brief resume of the services now offered to them by the state department of health. Most of the services, including those for laboratory, library and tumor diagnostic work, are available through the forty full time city, county and district health officers. Requests for the pamphlet should be directed to Dr. Roland R. Cross, state director of public health, Springfield.

Cancer Diagnostic Clinic Opened in Canton.—On August 7 a state-aided cancer diagnostic clinic was opened at the Graham Hospital in Canton. The new clinic will be under the direction of Dr. D. A. Bennett, Dr. Roy Patterson, Dr. M. A. Quinones, and Dr. Rod Maguire. Dr. L. Loeffler will serve as pathologist and Dr. F. H. Decker will be the roentgenologist. Clinic sessions are scheduled for the first Thursday following the first Monday of each month, beginning at ten o'clock in the morning.

Twelve other state-aided cancer diagnostic clinics are in operation throughout Illinois. They are located at Bloomington, Champaign, Chicago, DuQuoin, East St. Louis, Elgin, Evanston, Herrin, Jacksonville, Peoria, Rockford and Springfield.

For The Common Good"

Dr. Earl H. Blair, chairman, called a meeting of the Veterans' Service Committee at the Illini Country Club in Springfield, August 10. Among those in attendance were Dr. and Mrs. M. Herbert Barker, Chicago; Dr. and Mrs. Frank Brenner, Quincy; Dr. Gilbert H. Edwards, Pinckneyville; and Dr. Kenneth H. Schnepp, Springfield. The occasion was especially significant because August 10 was Veterans' Day at the Illinois State Fair. This was the last official meeting attended by Dr. Barker, who died suddenly three days later.

This year the Illinois State Medical Society showed its exhibit at the State Fair, August 10-17. The display formed a unit of the many health exhibits sponsored by the Illinois Department of Public Health and other health agencies. Acknowledgement is given to the staff of the department of health for the splendid assistance and cooperation given to the Educational Committee of the Illinois State Medical Society in tending to the exhibit. Great interest was evidenced in the exhibit by visitors to the Fair, particularly 4-H leaders, nurses and PTA and local club women.

So successfully was the exhibit received that it will be shown in the Educational Exhibits of the National Farm Show at the Coliseum, Chicago, November 29-December 7. This period was officially proclaimed National Farm Week in Chicago by

Mayor Martin Kennelly. The objective of the show is to furnish through demonstrations and exhibits all matters and conveniences of interest to farm folk as well as to display material reflecting their own activities. During the week the 4-H



Club Congress, the International Farm Association and the International Live Stock Exposition will hold meetings. Because the farm group is responsible for producing the nation's food, it is reasonable to assume their interest in health and all matters touching on health and medical service.

Recent visitors to the Office of the Educational Committee included Mr. B. K. Richardson, senior administrative officer, Springfield; Dr. Leslie K. Knott, deputy medical administrative officer, and Miss Alice Heath, health education consultant, all of the Illinois Department of Public Health, Springfield.

The secretary of Dr. Edward L. Bortz, President of the American Medical Association, Miss Emily Beck, was also a visitor to the Office of the Educational Committee.

Other visitors included Drs. Effie Lobdell and Helga Ruud, both members of the Fifty Year Club of the Illinois State Medical Society. Both physicians played an important part in the development of medical history in Illinois and were eager to impart information as well as donate material to the Committee on Medical History in its work of preparing the state's medical history for the period 1850 through 1900.

In the request for names of speakers available for lay programs, Dr. William De Hollander, secretary of the Sangamon County Medical Society, Springfield, responded with a total of nine names. This type of cooperation is splendid encouragement to the Educational Committee which endeavors to meet every request for good health talks throughout the state.

Dr. Ford K. Hick, member of the Educational Committee and associate professor of medicine, University of Illinois College of Medicine, represented the Illinois State Medical Society at the fifth annual meeting of the Illinois Statewide Public Health Committee at the Stevens Hotel, September 5. The program was devoted to a discussion of county health departments already formed in the state and the ways and means by which communities may be helped to create units in areas not serviced now by local organizations. At the banquet, Dr. Florence R. Sabin, chairman of the Health Committee of the Colorado State Postwar Planning Committee, gave the principal address, touching on activities in Colorado similar to those carried on by the Illinois Statewide Public Health Committee. Dr. Sabin pointed out, in outlining her group's progress, that the Colorado organization was only five months old.

Mrs. Margaret B. Cowdin, executive secretary of the Illinois group since its inception five years ago, was eulogized for her extensive and successful activities. Mrs. Cowdin has resigned the position to carry on with her official appointment as Director of the Bureau of Health Education of the Illinois Department of Public Health. Mr. Eugene L. Wittenborn is the new executive secretary of the Illinois Statewide Public Health Committee.

Dr. Robert S. Berghoff, Chairman of the Scientific Service and Postgraduate Education Committees of the Illinois State Medical Society, called a meeting of his committees at the Palmer House, September 16, to consider the best path to new and expanded services of these committees for the medical profession.

Special health awards are being made by the Kellogg Company through the National Committee on Boys and Girls Club Work, Inc., which serves the 4-H Club programs. Among the awards are ten cash prizes of $20 each for a Blue Award group to the ten 4-H Clubs in each state which carry on the best health program, based on individual and group achievements. A scholarship is available to be used for health education, preferably to cover expense of one member or leader to attend a county, district or state health short course.

This health program was developed by a committee of state and federal 4-H workers, who consulted with the Public Health Service and state medical authorities. In carrying out the program, 4-H Clubs are urged to cooperate with state and county medical societies. Illinois is among the thirty-five states now participating in the program.

Lectures Arranged by the Scientific Service Committee:

Dr. George K. Fenn, Chicago, September 2, Vermilion County Medical Society in Danville, "Coronary Artery Disease."

Dr. Lester R. Dragstedt, Chicago, September 9, Bureau County Medical Society in Princeton, "Gastric Vagotomy for Peptic Ulcer."

Dr. Richard H. Meade Jr., Chicago September 11, Morgan County Medical Society and staff of Morgan County Tuberculosis Sanatorium in Jacksonville, "Tuberculosis."

Dr. J. Peerman Nesselrod, Evanston, September 17, Dupage County Medical Society in Elmhurst, "Anorectal Diseases" and colored movies.

Dr. Fred E. Ball, September 18, Henry County Medical Society in Kewanee, "Coronary Disease."

Dr. Norman Tobias, St. Louis, September 23, Macoupin County Medical Society in Carlinville, on "Contact Dermatitis."

Dr. Ford K. Hick, Chicago, September 24, Iowa and Illinois Central District Medical Association in Davenport, "Recognition and Management of Cardiac Neurosis."

Dr. C. Wesley Eisele, Chicago, September 25, Will-Grundy County Medical Society in Joliet, "Some Problems in the Diagnosis and Treatment of Brucellosis."

Dr. Louis R. Limarzi, Chicago, October 9, Six County Medical Society in Anna, "Common Blood Disorders in General Practice."

Dr. Leon O. Jacobson, Chicago, October 9, Will-Grundy County Medical Society in Joliet, on "Radioactive Therapy."

Dr. E. Harold Ennis, Springfield, October 16, Logan County Medical Society in Lincoln, on "Rh Factor."

Dr. F. Garm Norbury, Jacksonville, November 20, Logan County Medical Society, on "Psychosomatic Medicine."

Lectures Arranged by the Educational Committee:

Dr. C. Edward Stepan, Chicago, Hayt School PTA, September 9, Tuberculosis.

Dr. Dean Smiley, Chicago, September 16, A. O. Sexton School PTA, Learning to be a Good Citizen by Observing Good Health Habits.

Dr. Edward A. Piszczek, Chicago, Elgin Lions Club, September 30, Preventive Medicine.

Film "When Bobby Goes to School" for Alcott Grade School PTA, September 16.

Dr. Paul Starcevich, Chicago, Matteson Public School PTA, October 9, Various Aspects of Nutrition.

Dr. Morris Braude, Chicago, Gross School PTA, October 10, Mental Hygiene.

Dr. George LeRoy, Chicago, St. Clair County Medical Society, East St. Louis, October 2, "Liver Function Tests," illustrated.

Postgraduate Conferences.—Arranged by Postgraduate Education Committee, the Ninth Councilor District, including counties of Edwards, Franklin, Gallatin, Hamilton, Hardin, Jefferson, Johnson, Massac, Pope, Saline, Wabash, Wayne, White and Williamson met at Marion, on October 2, 1947. The following program with C. O. Lane, M.D., Councilor West Frankfort, presiding, was presented—

12:00 Luncheon with compliments of Williamson County Medical Society
1:30 Ben W. Lichtenstein, M.D., Chicago Syphilis of the Nervous System
2:30 Walter Priest, M.D., Chicago, Geriatrics
3:30 William Dieckmann, M.D., Chicago, The Pacental Stage and Postpartum Hemorrhage.
4:30 Benjamin Levin, M.D., Chicago, Diarrheal Problems in Infants And Children.
5:30 DINNER, Marion Christian Church
7:00 Joseph D. Farrington, M.D., Chicago, Fractures.

The Sixth Councilor District including counties of Adams, Brown, Cass, Pike, Scott, Calhoun, Greene, Jersey, Madison, Macoupin and Morgan met at Jacksonville, October 9, 1947. With Walter Stevenson, M.D., Quincy, Councilor, presiding, the following program was given:—

12:30 Luncheon in the County Fair Room, Dunlap Hotel, with Compliments of the Morgan County Medical Society
1:30 Warren H. Cole, M.D., Chicago, "Surgery of the Stomach."
2:00 Harry A. Oberhelman, M.D. Chicago, "Surgical Problems in Infancy and Childhood"
2:30 Andrew C. Ivy, M.D., Chicago, "Peptic Ulcer"
3:00 Herman L. Kretschmer, M.D., Chicago, "Urology"
3:30 Ford K. Hick, M.D., Chicago, "Infectious Hepatitis"
4:00 Frederick H. Falls, M.D., Chicago, "Cancer of the Uterus"
4:30 James H. Hutton, M.D., Chicago, "Endocrine Aspects of Hypertension"
5:00 Fremont A. Chandler, M.D., Chicago, "Surgical Treatment of Low Back Pain"
6:30 Dinner — Banquet Room, Dunlap Hotel

Evening Session

Dr. Irving H. Neece, President, Illinois State Medical Society, "Remarks as President"

Harold M. Camp, M.D., Monmouth and Percy E. Hopkins, M.D., Chicago, "Our Prepayment Medical Care Plan"

DEATHS

M. Herbert Barker, Chicago, who graduated at Rush Medical College in 1926, died while visiting patients at the Passavant Memorial Hospital, August 14, aged 47, of ruptured congenital cerebral aneurysm. He was associate professor of medicine and in charge of the cardiorenal vascular disease clinic and laboratory at Northwestern University Medical School; member of the advisory counsel of the Illinois State Pneumonia Control Board. He entered the medical corps, U.S.A., as a lieutenant colonel in February 1942; sent overseas in December, 1942; later promoted to colonel; consultant for the Allied Forces in the Mediterranean theater; in 1945 was awarded the Legion of Merit for his work in infectious hepatitis.

Haldor Carlsen, Chicago, who graduated at Bennett College of Eclectic Medicine and Surgery, Chicago, in 1913, died in Sparta, Wisconsin, August 1, aged 63, of a cerebral hemorrhage. He was on the staff of the

Edgewater, Swedish Convenant, Belmont and Norwegian-American Hospitals.

W. Pingree Curtis, Chicago, who graduated at Chicago College of Medicine and Surgery in 1905, died August 22, aged 67. Was on the staff of the Woodlawn Hospital.

Robert H. Good, formerly of Chicago, who graduated at Rush Medical School in 1902, died in a hospital in Los Angeles, August 28. He had practiced ophthalmology in Chicago until his retirement early this year.

Nicholas John Jackson, Joliet, who graduated at Jenner Medical College, Chicago, in 1910, died May 7, aged 77, of carcinoma of the rectum.

Edwin Morrill Minnick, Danvers, who graduated at Rush Medical College in 1895, died in St. Joseph Hospital, Bloomington, May 2, aged 77, of cerebral hemorrhage.

Bernard John Meirink, Germantown, who graduated at Washington University School of Medicine, St. Louis, in 1899, died in Manchester, Mo., May 13, aged 74, of cerebral hemorrhage. He had served on the staff of St. Joseph Hospital in Breese.

Thomas Moate, Gridley, who graduated at Northwestern University Medical School in 1897, died May 31, aged 75, of coronary thrombosis.

Elmer Benjamin Packer, Toulon, who graduated at Jefferson Medical College of Philadelphia, 1899, died May 27, aged 82, of diabetes mellitus. He had been affiliated with the Kewanee (Ill) Public Hospital.

Ulysses Grant Powers, Evanston, retired, who graduated at the Medical College of Indiana, Indianapolis, in 1894, died May 17, aged 82, of angina pectoris.

Ernest Alfred Purnell, Granite City, who graduated at Michigan Homeopathic Medical School, Ann Arbor, in 1909, died May 30, aged 61, of coronary thrombosis. He had served during World War I; was on the staff of St. Elizabeth Hospital.

Peter James Reynolds, Dwight, who graduated at Rush Medical College in 1894, died in Chicago June 6, aged 77, of coronary thrombosis. He was affiliated with St. Mary's Hospital in Streator.

John Bartlett Ross, Chicago, who graduated at Dearborn Medical College in Chicago in 1905, died June 4, in the American Hospital where he was affiliated, of papilloma of the bladder. He was 76 years of age.

Walter Scott Siewerth, Chicago, who graduated at the University of Illinois College of Medicine in 1915, died September 3 in Ravenswood Hospital, aged 57.

Ludwig R. Sommer, Chicago, who graduated at the University Heidelberg Medizinische Fakultat, Baden, Germany, in 1920, died May 17, aged 55, of carcinoma of the stomach.

Edward F. Sullivan, Staunton, who graduated at St. Louis University School of Medicine in 1924, died in August, aged 51.

Franklin A. Turner, Rockford, who graduated at the University of Illinois College of Medicine in 1894, died August 7 at his home of a heart attack. He was 80. He was the first president of the Illinois State Medical Society's "Fifty Year Club."

John Edward Welsh, Brimfield, who graduated at St. Louis University School of Medicine in 1920, died in St. Francis Hospital, Peoria, May 4, aged 64, of thyrotoxicosis. He had served during World War I and was examining physician for the county draft board during World War II.

Harry W. Woodruff, Joliet, who graduated at the College of Physicians and Surgeons of Chicago in 1892, died June 20, aged 79. He was also a graduate in pharmacy. He was a member and former vice-president of the American Academy of Ophthalmology and Otolaryngology; formerly professor of ophthalmology at his alma mater and the Chicago Eye, Ear, Nose and Throat College; and for many years on the staff of the Illinois Eye and Ear Infirmary in Chicago.

Student nurses often acquire tuberculosis infection as a result of exposure in the course of their training in hospitals. For them tuberculosis is an occupational disease. Physicians, nurses, orderlies, clerks, technicians and all others who have contact with patients are all subject to the hazards, although to a varying degree. Leopold Brahdy, M.D., Jour. Ind. Hygiene and Toxicology, Oct., 1945.

When compared with some other diseases, the purchase price of control of tuberculosis may be considered a bargain. This is so because we know its cause. We know how it is spread. We know how to prevent it, and we know how to treat it. Moreover, it costs pennies to control it, and dollars to tolerate it. Robert E. Plunkett, M.D., N. Y. Dept. Health, Mar., 1946.

SUBSTANTIATE YOUR DIAGNOSES WITH THIS G-E PORTABLE X-RAY





This powerful, 100 per cent shockproof x-ray, atop your office desk or in the home of your inambulant patients — provides you with a sure way of obtaining information you desire to substantiate your diagnoses.

It's easy to operate. With its simplified control you can easily and quickly make examinations of possible fractures, gross pathologies and foreign bodies with satisfying results.

GENERAL ELECTRIC X-RAY CORPORATION

It's the lightest unit of its compactness and flexibility ever built—comes in a neat carrying-case . . . is easy to assemble and disassemble. And because of its low cost is well within reach of every practicing physician.

To learn all the advantages of owning this popular G-E Portable X-Ray, clip this coupon now . . . mail it today.

General Electric X-Ray Corporation
Dept. 2690, 175 W. Jackson Blvd.
Chicago 4, Illinois

Send me G-E "Portable X-Ray" booklet

Name_____

Address_____

City_____

State or Province_____

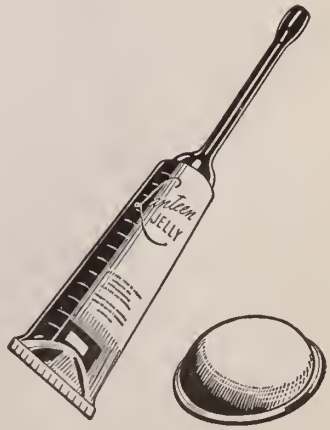


THE LANTEEN DIAPHRAGM is rigid in one plane, therefore easy to place. When largest comfortable size is fitted, if entering rim lodges against cervix, trailing rim cannot be forced into pubic arch.

***Lanteen jelly* has three important advantages:**

1. **Reliable . . . spermicidally effective.**
2. **Tenacious in its viscosity.**
3. **Non-irritating . . . Non-toxic.**

Offered only through the medical profession. Complete package sent physicians on request.



Lanteen

LANTEEN MEDICAL LABORATORIES, INC. • CHICAGO 10



Restores and maintains normal vaginal *pH*

50th ANNIVERSARY

Many recent studies point to the relationship between vaginal pH and the nature of the bacterial growth of the vagina. Contrary to views held in the past, the normal vaginal pH is between 3.86 and 4.45, which suppresses the growth of pathogens and encourages growth of the Doederlein bacillus, a normal inhabitant of the healthy vagina. A higher pH is conducive to proliferation of pathogens; trichomonads thrive at 5.0 to 6.0, monilia at 5.5 to 6.8, staphylococci and streptococci at 5.8 to 7.8, and gonococci at 6.8 to 8.5.

Massengill Powder—incorporating boric acid, ammonium alum, berberine sulfate, phenol, menthol, thymol, eucalyptol and aromatics—is an effective means of restoring the vaginal pH. By producing values of 3.5 to 4.5, it discourages growth of many pathogenic microorganisms. It also possesses excellent cleansing and deodorizing properties, and is in itself antibacterial.

Massengill Powder has been found a valuable adjuvant in the management of many vaginal and cervical infections due to streptococcus, staphylococcus, trichomonas, monilia, and gonococcus invasion. It is also useful in leukorrhea, pruritus vulvae, vaginitis, and as a routine cleansing douche. In 3 oz., 6 oz., 1 lb., and 5 lb. jars.

The S. E. MASSENGILL COMPANY
Bristol, Tenn.-Va.
NEW YORK • SAN FRANCISCO • KANSAS CITY

SEMCO

Massengill Powder

a few

inhalations

by

mouth

control

cough

quickly





The anesthetic-analgesic vapor* from Eskay's Oralator reaches the source of irritation by the quickest route. Inhaled by MOUTH, this vapor is carried directly to the lining of the trachea and larynx, where it acts almost instantaneously to check cough. The patient gets relief in a matter of seconds. Unlike sedatives and narcotics, the Oralator produces no appreciable systemic effects.

Eskay's Oralator is outstandingly convenient—easy to use anywhere at any time. Your patients will appreciate your prescribing this quick-acting oral inhaler. *Smith, Kline and French Laboratories, Philadelphia.*

Eskay's

Oralator

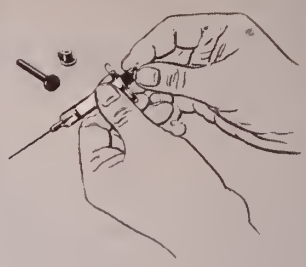
**(The active ingredient is 2-amino-6-methylheptane, S.K.F.)*

a revolutionary advance in the treatment of cough

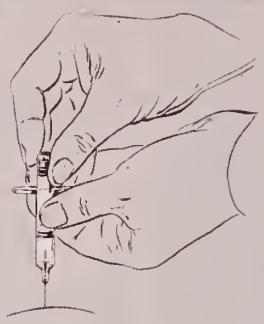
Real Convenience in Penicillin Therapy



1 The protective needle sheoth is removed by a twisting motion, exposing the sterile 20-gauge needle. The sheath also serves os the syringe plunger.



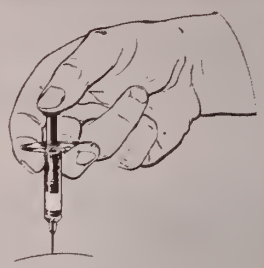
2 Diophragm end of cartridge is then dipped in an antiseptic solution ond cartridge is inserted into syringe barrel just to point of inner needle.



3 Needle is now inserted into muscle into which injection is to be made ond cartridge is withdrawn slightly to determine if needle end is in a vein.



4 If vein has not been entered, cartridge is forced into end of barrel lumen, causing inner needle to pierce cartridge diaphragm ond to establish communication with the oil and wax mixture.



5 Plunger (needle sheoth) is now inserted inta cartridge. Pressure on end of plunger serves ta expel contents of cartridge into muscle or subcutaneous tissue.

THIS C.S.C. DISPOSABLE SYRINGE UNIT

For Administration of

PENICILLIN IN OIL AND WAX



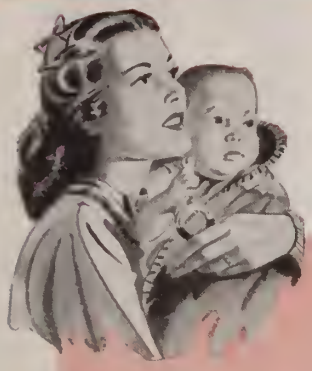
Administration of Penicillin in Oil and Wax is greatly facilitated by the C.S.C. Disposable Syringe Unit. Intended for a single injection only, this unique syringe and cartridge unit is sterile and ready for immediate use. Assembly is accomplished in a matter of seconds. The supplied cartridge contains a sufficient quantity of Crystalline Penicillin G Potassium in Oil and Wax (300,000 units per cc.) to assure injection of the full 300,000 unit dose. The illustrations show the simple technique of using the C.S.C. Disposable Syringe.

C.S.C. Pharmaceuticals

A DIVISION OF

COMMERCIAL SOLVENTS CORPORATION · 17 E. 42nd ST., NEW YORK 17, N. Y.

OBRON Specifically Designed for the OB patient . . .



Now for the First Time All in One Capsule

each capsule contains:

*Dicalcium Phosphate, Anhydrous	768 mg.
Ferrous Sulfate, U.S.P.	1 Grain
Vitamin A (Fish-Liver Oil)	5,000 U.S.P. Units
Vitamin D (Irradiated Ergosterol)	400 U.S.P. Units
Vitamin B_1 (Thiamine Hydrochloride)	2 mg.
Vitamin B_2 (Riboflavin)	2 mg.
Vitamin B_6 (Pyridoxine Hydrochloride)	0.5 mg.
Vitamin C	37.5 mg.
Nicotinamide	20.0 mg.
Calcium Pantothenate	3.0 mg.

*(Equivalent to 15 grains Dicalcium Phosphate Dihydrate)

CALCIUM

IRON

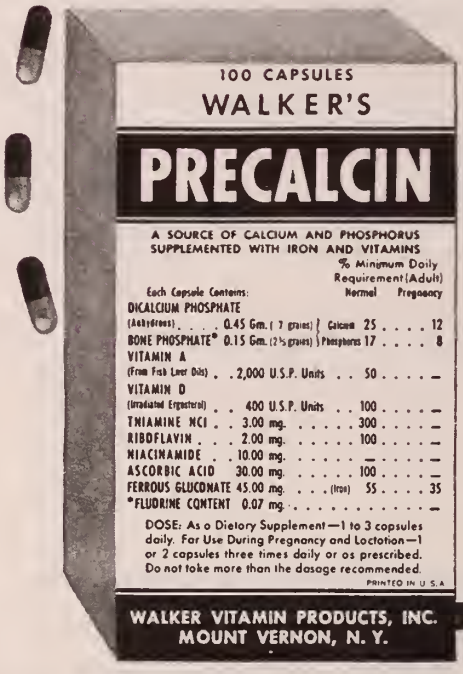
8 VITAMINS

OBRON, for the first time, presents—in a single, hermetically-sealed capsule—the equivalent of 15 grains of dicalcium phosphate dihydrate, abundant amounts of 8 vitamins and sufficient ferrous sulfate to meet the increased requirements during pregnancy and lactation.

a **ROERIG** *preparation*

J. B. ROERIG AND COMPANY • 536 LAKE SHORE DRIVE • CHICAGO 11, ILLINOIS

WALKER



PRENATAL PEDIATRICS

It is increasingly appreciated that care of the child's health begins with adequate nutritional care of the pregnant woman. **PRECALCIN*** in capsules presents an outstanding combination, containing:

MINERALS: Calcium, phosphorus, and iron. Especially valuable is the natural mineral component—purified BONE PHOSPHATE†—demonstrated clinically to be an advantageous form of mineral supplementation (Martin, E. M.: Canad. M. A. J. 50: 562 (June) 1944).

VITAMINS: A multivitamin formula in potent dosage.

*Exclusive trademark of Walker Vitamin Products, Inc.
†Fluorine content, 0.07 mg. per capsule.

Walker VITAMIN PRODUCTS, INC. MOUNT VERNON, N. Y.

Eye-witness Reports...

IT is one thing to *read* results in a published research. Quite another to see them with your own eyes.

PUBLISHED STUDIES* SHOWED WHEN SMOKERS CHANGED TO PHILIP MORRIS SUBSTANTIALLY EVERY CASE OF THROAT IRRITATION DUE TO SMOKING CLEARED COMPLETELY, OR DEFINITELY IMPROVED.

But may we suggest that you make your own tests?

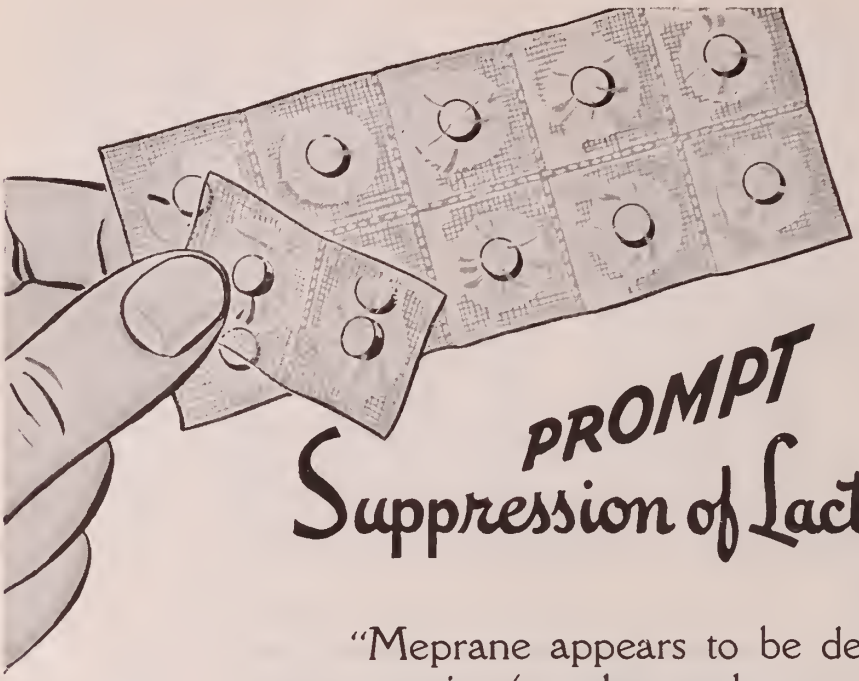


PHILIP MORRIS

PHILIP MORRIS & CO., LTD., INC.
119 FIFTH AVENUE, NEW YORK, N. Y.

*N. Y. State Journ. Med. 35 No. 11,590
Laryngoscope 1935, XLV, No. 2, 149-154

TO THE DOCTOR WHO SMOKES A PIPE: We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.



PROMPT
Suppression of Lactation

"Meprane appears to be definitely superior (to other oral estrogens) in the percentage of excellent results, the complete lack of toxic side effects," according to a recent clinical study. (Coulton, D., Massachusetts Memorial Hospitals.) ***Results*** (150 patients): excellent 142 (94.7%); satisfactory 7 (4.7%); fair 1 (0.6%); failures - 0.

Dosage: 1 Meprane tablet (1 mg.) four times daily for three days.

Packaging: 30, 100, 500 and 1000 individually wrapped tablets.

and for **PROMPT RELIEF OF MENOPAUSAL SYMPTOMS**
without unpleasant side reactions

Dosage: Initial therapy—1 tablet t.i.d. after meals; maintenance therapy—1 to 2 tablets daily.



Meprane

NEW
ORALLY POTENT
ESTROGEN

REED & CARNRICK
JERSEY CITY 6, N. J., U.S.A. TORONTO, ONT., CANADA



Formulac

is vitamin-fortified

A product of National Dairy research, FORMULAC Infant Food is fortified with all the vitamins known to be necessary for adequate infant nutrition. Incorporating the vitamins *into the milk itself* reduces the risk of human error or oversight in supplementary administration.

FORMULAC is a concentrated milk in liquid form. It contains sufficient vitamins of the B complex, Vitamin C in stabilized form, Vitamin D (800 U.S.P. units), copper, manganese and easily assimilated ferric lactate—rendering it an adequate formula basis both for normal and difficult feeding cases. *No carbohydrate has been added to* FORMULAC. It contains only the natural lactose found in cow's milk.

FORMULAC is promoted ethically, to the medical profession alone. It has been tested clinically, and proved satisfactory in promoting normal development and growth. Manufactured under the Sealtest system of quality control, FORMULAC is available in drug and grocery stores from coast to coast.

• Far further infarmatian abaut FORMULAC, and far prafessional samples, drap a card to National Dairy Praducts Campany, Inc., 230 Pork Avenue, New Yark 17, N. Y.



DISTRIBUTED BY **KRAFT FOODS COMPANY**

NATIONAL DAIRY PRODUCTS COMPANY, INC.

NEW YORK, N. Y.

Physical Medicine Abstracts

John S. Coulter, M.D.

MANAGEMENT OF STRABISMUS

Edmond L. Cooper, M.D., Detroit, Michigan
In JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY, 46:3:305
March 1947

The subject of strabismus is one which should be of interest not only to ophthalmologists but to pediatricians and general practitioners as well. This is known to be so since probably two-thirds of the cases of strabismus seen by ophthalmologists are referred by the family doctor or the pediatrician. It is they who see the patient first, it is to them that the parents of strabismic children are most apt to turn for first advice, and it would seem that they should be interested in giving advice backed up by an adequate understanding of the condition.

EXERCISES

Two types of exercises are useful in the treatment of squint, the first to develop vision in an amblyopic eye and the second to develop and increase the amplitude of fusion.

The first type of exercises is the most important. As mentioned above, children who alternate, develop equal vision in both eyes and so do not need this type of exercises. But children who do not alternate, and this includes the majority of children with strabismus, invariably have very poor vision in the turning eye, and after necessary glasses have been prescribed no time should be lost in beginning its development. It should be remembered that the amblyopic eye has poor vision simply because it has not been used. Therefore, the remedy is easy. The good, or fixing eye, is simply covered with a patch and the child is forced to use his amblyopic eye.

The length of time required to develop vision in an amblyopic eye depends on the age of the patient, the co-operation of himself and his parents, and the amount of refractive error. A very young child, under three or four years, may develop normal vision in the amblyopic eye within a month if he wears the patch and his glasses faithfully. In older children it takes longer, and at the age of ten or twelve it may take six months or a year.

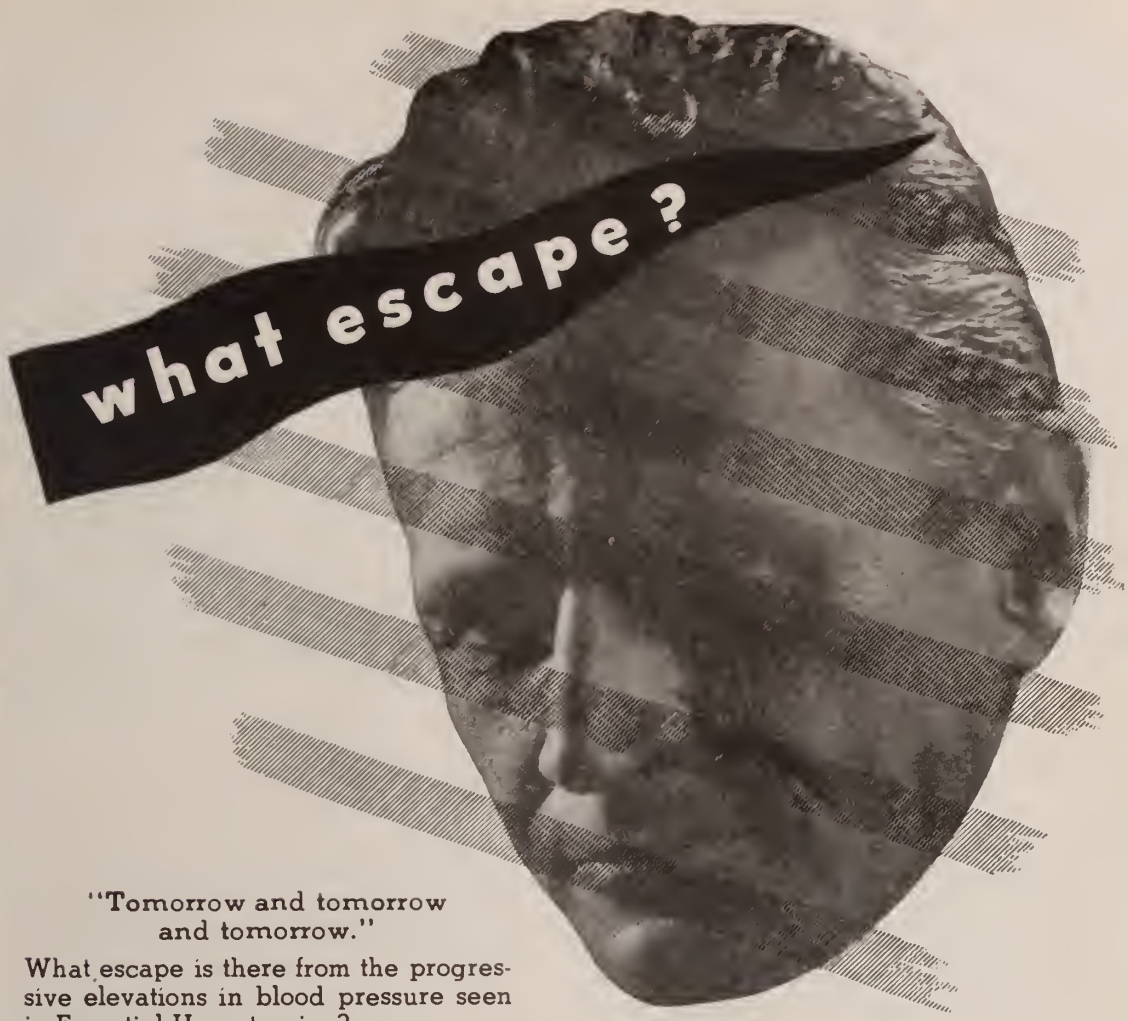
The second type of exercises — to develop the fusion sense — requires more patience and

(*Continued on page* 50)

IMPORTANT

Send changes of address to 30 N. Michigan Ave., Chicago 2. Changes received after the 1st of the month cannot be made until the following month.

palatable!
because it's whole protein
SHARP & DOHME
'delcos'
granules



"Tomorrow and tomorrow
and tomorrow."

What escape is there from the progressive elevations in blood pressure seen in Essential Hypertension?

VERTAVIS provides important symptomatic relief, not for the moment but for prolonged periods of time, in this sustained disease. VERTAVIS is constant in action, effecting a significant, gradual fall in blood pressure and an improvement in circulation with relatively few side reactions. The product should be given continuously without interruption.

vertavis

NEW in Treatment of Essential Hypertension

VERTAVIS is a single agent, providing in each tablet 10 CRAW UNITS Veratrum Viride, Bio-Assayed. Available in bottles of 100, 500, 1000.

IRWIN, NEISLER & CO. 61st YEAR SINCE 1886 **DECATUR, ILLINOIS**

PHYSICAL MEDICINE (Continued)

skill on the part of both the patient and the doctor. Most children do not respond to fusion training until the age of five or after. It requires some intelligence and some children are never apt pupils.

The art of fusion training is one which has developed greatly in recent years until it has practically become a specialty in itself. Most ophthalmologists who are really interested in the proper treatment of squint find it more convenient to employ a trained technician to do this work. To do it properly requires more time than most can give, and an adequately trained and interested technician can do much better.

REHABILITATION: WARTIME LESSONS APPLIED TO PEACETIME NEEDS

Howard A. Rusk, M.D., F.A.C.P., New York, N. Y.

In ANNALS OF INTERNAL MEDICINE,
26:3:386
March 1947

The service convalescent training program was born of necessity. With a general shortage of time and men in the early days of 1942, it was not feasible to wait for leisurely indolent convalescence and the time necessary for nature to take its course. The original program was started at Jefferson Barracks, Missouri in November 1942 after the great need was emphasize by Brigadier General Hugh Morgan on one of his early inspection trips.

Designed originally for the pre-combat sick or injured soldier, the program had a dual mission: first, to send the soldier-patient back to duty in the best possible physical condition in the shortest possible time; second, to teach the soldier-patient something that would make him a more efficient and more effective fighting man. With the inception of this program, physical activity and military education became as much a doctor's prescription as drugs and diet. The results achieved proved so successful in the experimental phase of the program that in December, 1942 such a program was initiated in all Army Air Forces hospitals.

The classroom and gymnasium were moved into the wards for it was noted early in the convalescent program that to obtain maximum results, reconditioning should start as early as possible following acute disease or injury, and the program had to be purposeful, progressive, and graduated to the individual patient's physical tolerance.

A recent survey made in a large general hospital revealed that 5 per cent of the general surgical patients, 15 per cent of the medical patients and 85 per cent of the orthopedic patients were in need of no further definitive care but were in need of rehabilitation and retraining in order to go back to work. Thirty per cent of all patients visiting the medical and surgical out-patient clinic were in the same category. Thousands of critically needed hospital beds could be made available, with great advantage to the patient, if rehabilitation and convalescent facilities were available.

Specialized rehabilitation centers must be established to serve the severely handicapped, to furnish the third phase of medical care that takes the patient from the bed back to productivity. This is a medical responsibility — a medical necessity — if we are to fill the existing gap in the complete care of the patient.

ULTRAVIOLET BLOOD IRRADIATION THERAPY

Further Studies in Acute Infections

George Miley, M.D. and Jens A. Christensen, M.D.
Philadelphia, Penna.

In AMERICAN JOURNAL OF SURGERY,
73:4:486
April 1947

In the study of 445 consecutive and unselected cases of acute pyogenic infections and seventy-four cases of virus or virus-like infections we have found that our original observations have been definitely confirmed and that not only sulfa-resistant infections have responded to this therapy but a high percentage of penicillin-resistant infections have also responded quite favorably.

In addition, we have observed that toxemias due to various virus or virus-like infections subside rapidly and in the same manner as those secondary to acute pyogenic infections, an extremely important clinical advantage in dealing with a rapidly fulminating and overwhelming infection, the etiological agent of which is frequently discovered or suspected only after death has occurred.

CONCLUSIONS

1. Ultraviolet blood irradiation therapy is in

(*Continued on page 52*)



This Combination

CREAMY CONSISTENCY and PALATABLE FLAVOR

assures ready acceptance

INFANTS quickly learn to discriminate between foods which they like and those they dislike. At first, physical consistency and later taste are the two criteria on which a solid food is appraised.

From this standpoint Malt-o-Meal—a farinaceous wheat cereal flavored with toasted malt—ranks high as a desirable cereal food for infants. It quickly cooks to creamy consistency, and is entirely devoid of grittiness to which the infant might object. Its delightful flavor is appealing to infants and children. This combination—creamy consistency and palatable flavor—makes for ready acceptance.

Malt-o-Meal, in addition to the basic nutrients found in wheat, provides significant amounts of the B complex vitamins thiamine, riboflavin, and niacin, and makes an excellent contribution of iron. It is readily digested, is residue-free (fiber content 0.4%), and cannot overtax the digestive tract of infants.

CAMPBELL CEREAL COMPANY, Minneapolis, Minn.

Malt-o-Meal



Malt-o-Meal, an enriched wheat cereal flavored with toasted malt, provides per ounce (dry weight), 0.29 mg. of thiamine, 0.13 mg. of riboflavin, 1.09 mg. of niacin, and 2.00 mg. of iron. Thus Malt-o-Meal provides appreciably more thiamine, riboflavin, and iron than does whole wheat, and 78% of the niacin content of whole wheat.



PHYSICAL MEDICINE (Continued)

our opinion the safest and most efficient method of controlling most acute pyogenic infections with one notable exception, namely, sub-acute bacterial endocarditis.

2. Ultraviolet blood irradiation therapy in our opinion is the procedure of choice in the treatment of sulfa-resistant and penicillin-resistant infections of the acute pyogenic infection type.

3. Ultraviolet blood irradiation therapy is the procedure of choice in the treatment of acute infections of a virus or virus-like nature, and should be tried out universally for such infectious disease processes.

4. The preoperative use of ultraviolet blood irradiation therapy allows the safe removal of foci of infection in such serious disease as incomplete septic abortion with or without an associated septicemia, acute rheumatic fever with or without extensive myocardial damage, acute exacerbations of chronic rheumatoid arthritis and advanced bronchial asthma.

5. It is our belief tthat staphylococcemias can be most effectively controlled by joint use of penicillin and ultraviolet blood irradiation therapy.

6. These results are in close agreement with those obtained by other workers in this field.

A FEW ESSENTIALS IN PRESCRIBING PHYSICAL MEDICINE IN GENERAL PRACTICE

Earl C. Elkins, M.D., Rochester, Minn.

March 1947
In THE JOURNAL-LANCET, 67:3:97

Physical medicine may be defined as the employment of physical and other effective properties of light, heat, cold, water, electricity, massage, manipulation, exercise and mechanical devices for diagnosis or physical and occupation-

(*Continued on page* 56)





Glycerite of Hydrogen Peroxide *ipc*

With Carbamide

★ BIBLIOGRAPHY

Arch. Otolaryngol., 43:605, 1946.
E., E., N., & T. Mo., 26:27, 1947.
Laryngoscope, 56:556, 1946.
New Eng. J. Med., 234:468, 1946.
Annals of Allergy, 4:33, 1946.
J. A. Ph., A., (Sc. Ed.) 35:304, 1946.
Literature on request.

Clinical studies concerned with the use of Glycerite of Hydrogen Peroxide in the treatment of chronic purulent otitis media demonstrated seventeen of twenty-nine patients in complete remission in 14 days and the remainder by the 38th day. The patients studied presented conditions existent for periods of 2 weeks to over 40 years. Previous treatment by the usual therapeutic means, including tyrothricin or penicillin, was ineffective in all cases.

Constituents:

Hydrogen Peroxide 1.446%, Urea (Carbamide) 2.554%, 8-Hydroxyquinoline 0.1%. Dissolved and stabilized in substantially anhydrous glycerol . . . q.s. ad. 30cc.

Available on prescription in one-ounce bottle with dropper.
Administration: One-half dropperful two to four times daily.

International **PHARMACEUTICAL CORPORATION**

132 NEWBURY STREET, BOSTON 16, MASSACHUSETTS



Speed Recovery in

CERVICITIS

PENICILLIN VAGINAL SUPPOSITORIES

Schenley

Particularly useful in the medical and surgical management of cervicitis due to (or complicated by) penicillin-sensitive organisms.

ADVANTAGES ● Potent dosage at site of infection—each suppository provides 100,000 units of penicillin ● Painless administration ● Simplicity and convenience.

Early favorable response establishes the effectiveness of Penicillin Vaginal Suppositories Schenley.

Suggested Dosage: One suppository on retiring or as required.



Supplied in boxes of 6 and 12

SCHENLEY LABORATORIES, INC.
Executive Offices: 350 Fifth Ave., New York 1, N. Y.

© Schenley Laboratories, Inc.

In Eczema, Psoriasis, and Other Stubborn Skin Lesions

This

CLEANER, GENTLER, MORE EFFECTIVE



Medication . . .

So dependably non-irritant that it is safely used on the tender skin of infants . . .

So "clean" in its application that it is not only non-staining and non-soiling, but leaves no trace upon the skin...

So high in its concentrations of unsaturated hydrocarbons and sulfur compounds that it presents a remarkably high therapeutic efficacy . . .

Tarbonis—a unique extraction product of selected tars made by a process distinctly its own, incorporated in a vanishing-type cream—has freed tar therapy from its former objectionable features. Its prompt patient acceptance and co-operation assures the uninterrupted treatment so essential in eczema, psoriasis, seborrheic dermatitis, folliculitis, and in the many other dermal affections in which tar is indicated. • When infection complicates skin lesions, Sul-Tarbonis—incorporating 5 per cent sulfathiazole in Tarbonis—is indicated.

Physicians are invited to send for samples and literature.

THE TARBONIS COMPANY
4300 Euclid Avenue **Cleveland 3, Ohio**

Tarbonis is packaged in 2¼ oz., 8 oz., 1 lb., and 6 lb. jars.

TARBONIS

SUL-TARBONIS

Sul-Tarbonis is supplied in 2¼ oz. and 1 lb. jars.

PHYSICAL MEDICINE (Continued)

al treatment of disease. To prescribe physical medicine properly, a physician should know the basic physical principles involved, the physiologic effects of the agents and the procedures to be used, the agent or instrument most likely to be effective in each condition, how long these procedures should be used each day and which procedure should be used.

The physician should know the pathologic or functional changes in conditions to be treated and the individual tolerance of the patient. Undoubtedly, it will be years, if ever, before the exactness of dosage of the agents and procedures of physical medicine will be comparable to that of drugs.

The lack of exact knowledge of the effects of many agents relative to time, intensity and dose does not allow precise statements to be made. However, some of the factors which should be known in order to prescribe some of the most commonly used physical agents adequately will be pointed out. These will be discussed under the general headings of thermotherapy, massage and therapeutic exercise. Electrotherapy, other than the use of the high frequency currents for thermotherapy, will not be discussed.

for function
hemopoiesis,
fluid balance
SHARP & DOHME
'delcos'
granules

Twenty-five years ago the main problem in the recognition of tuberculosis was the perfection of diagnostic techniques to a point where they could be depended on to detect pulmonary lesions before the patient's disease was hopelessly advanced. Today the urgent question is how to apply one or more of the available satisfactory procedures in such a way as to detect tuberculosis in the incipient stage in the majority of patients and at a cost within the reach of the community. Henry D. Chadwick, M.D. and Alton S. Pope, M.D. The Modern Attack on Tuberculosis. The Commonwealth Fund, Revised, 1946.

A METHOD FOR SIMPLE ADMINISTERING VITAMINS TO INFANTS AND CHILDREN
with a dispersing agent insuring miscibility



VITACLIPS
NION
Accurate Dosage
Easy to use

FORMULA
Vitamin A.....5000 U.S.P. Units
Vitamin D.....1000 U.S.P. Units
Thiamine HCl..... 1 Milligram
Riboflavin 2 Milligrams
Niacinamide 5 Milligrams
Ascorbic Acid..... 30 Milligrams
SUPPLIED—*Bottles of 30's and 100's*

ETHICAL DEPENDABLE

NION CORPORATION NION LOS ANGELES 38, CALIFORNIA

Our Own Postgraduate Conferences

Arranged by
Postgraduate Education Committee

October 30, 1947

Seventh Councilor District
(Macon, Piatt, Christian, Shelby, Moultrie, Fayette, Effingham, Bond, Clinton, Marion, Clay)
BENWOOD HOTEL, EFFINGHAM
Host: Effingham County Medical Society

November 5, 1947

First Councilor District
(Jo Daviess, Stephenson, Winnebago, Boone, McHenry, Lake, Carroll, Okle, DeKalb, Kane)
HOTEL FAUST, ROCKFORD
Host: Winnebago County Medical Society

November 13, 1947

Fifth Councilor District
(Tazewell, McLean, Mason, Logan, Menard, Sangamon, DeWitt, Montgomery)
LINCOLN STATE SCHOOL AND COLONY, ELK'S COUNTRY CLUB, LINCOLN, ILLINOIS
Host: Logan County Medical Society

December 4, 1947

Second Councilor District
(Whiteside, Lee, Bureau, LaSalle, Putnam, Marshall, Woodford, Livingston)
HOTEL CLARK, PRINCETON
Host: Bureau County Medical Society

April 8, 1948

Eighth Councilor District
(Champaign, Vermillion, Douglas, Edgar, Coles, Cumberland, Clark, Jasper, Crawford, Richland, Lawrence)
CHAMPAIGN, ILLINOIS
Host: Champaign County Medical Society

Conferences for the Fourth, Tenth and Eleventh Districts have not yet been scheduled.

Illinois State Medical Society





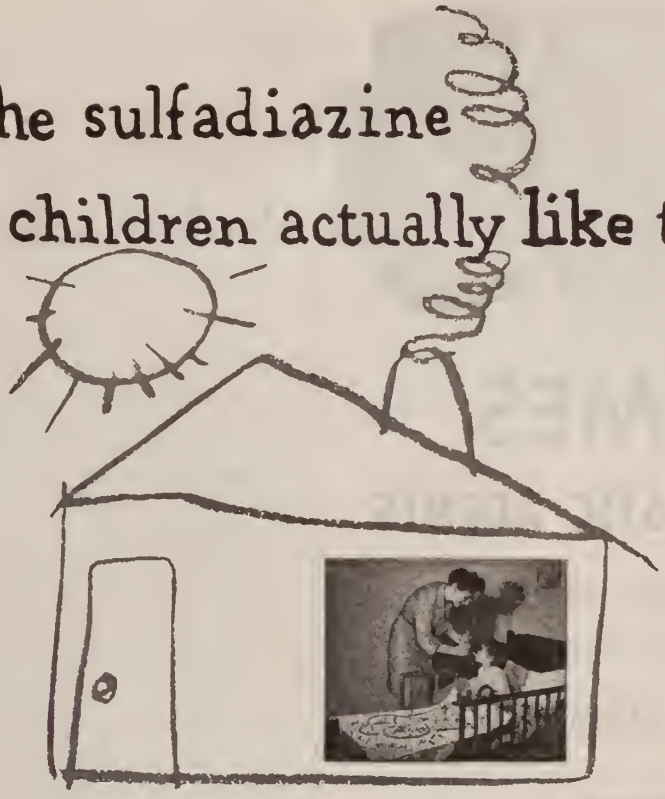
When the wage earner is stricken with tuberculosis, a tremendous adjustment is required in the living habits of the other members of the family. The steady income usually ceases abruptly, and the family provider is reluctant to enter a sanatorium, leaving his family unprovided for. A mother contracting tuberculosis is also loath to enter a sanatorium until reasonable provision has been made for the care of her children.

Many of these social and economic factors, which inhibit the control of tuberculosis, may be overcome if the welfare agency, in co-operation with the health authorities, takes a liberal and generous attitude toward the other members of the family who are potential cases of tuberculosis. Money spent in this manner should not be looked upon as charity, but as an investment or insurance by the state or municipality against future and large expenditures, which will undoubtedly follow if a niggardly policy is followed. Penny-wise policies will only add to the burden of the future taxpayer. It must never be overlooked that every case of tuberculosis prevented is not only money saved to the treasury but a life to the nation. Can. Jour. Pub. Health, Jan., 1946.

Proficiency in tuberculosis control within a hospital is as essential to sound hospital administration as proficiency in aseptic technique in the operating room or control of typhoid fever in the medical ward. Leopold Brahdy, M.D., Jour. Ind. Hyg. and Tox., Oct., 1945.

DRINK
Coca-Cola
REG. U. S. PAT. OFF.
You trust its quality


Here's the sulfadiazine that children actually like to take



Children have no reluctance in taking **Eskadiazine**



Exceptionally flavorful, this fluid sulfadiazine is the ideal dosage form for your young patients. They take it willingly because it tastes good. And it relieves tired parents and busy nurses of the chore of crushing tablets and coaxing a sick child to swallow an unappealing mixture.

Important, too, is the more rapid absorption of Eskadiazine. Flippin and associates* have established that desired serum levels are attained in two hours, rather than the six hours required for sulfadiazine in tablet form.

Smith, Kline & French Laboratories, Philadelphia

Eskadiazine

**Am. J. M. Sc. 210:141, 1945*

the outstandingly palatable fluid sulfadiazine for oral use



AMES

DIAGNOSTIC AGENTS

Simple, Reliable, TABLET Methods for Quick Detection of

OCCULT BLOOD • ALBUMIN • URINE-SUGAR

HEMATEST

Tablet method for rapid detection of occult blood in feces, urine and other body fluids. Bottles of 60 tablets.

ALBUTEST

Tablet, *no heating* method for quick detection of albumin. Bottles of 36 and 100 tablets.

CLINITEST

Tablet, *no heating* method for detection of urine-sugar.

Laboratory Outfit.

Plastic Pocket-size Set.

Clinitest Reagent Tablets 12x100's and 12x250's for laboratory and hospital use.

AMES COMPANY, Inc.

ELKHART, INDIANA

Book Reviews

SIGNS AND SYMPTOMS: Their Clinical Interpretation: Edited by Cyril Mitchell MacBryde, A.B., M.D., F.A.C.P., Assistant Professor of Clinical Medicine, Washington University School of Medicine; Assistant Physician, Barnes Hospital, St. Louis, Mo. With 74 Illustrations in Black and White and 12 Subjects in Color on 6 Plates. Philadelphia and London. J. B. Lippincott Company, 1947. Price $12.00.

As stated by the author in his preface it would be very convenient for the patient to come into the doctor's office and state his disease, but unfortunately this is not the usual procedure. It becomes necessary for the physician to take a careful history in much detail, getting all possible information from the patient, then the physician endeavors to interpret the symptoms.

Diagnostic technics are of much value in arriving at diagnoses, but the understanding of symptoms and interpretation of the clinical findings are equally important in arriving at a definite conclusion as to the actual condition which is present. The author, together with 20 contributors, has produced an unique book which he hopes will be of unusual value in analyzing and interpreting symptoms when arriving at a correct diagnosis.

The importance of the history is well brought out by the author, beginning with the past history of the individual, the family history, marital history, social and occupational history — then the desired method of interpreting the symptoms to arrive at definite conclusions as to the trouble at hand.

The common symptoms, such as headache, thoracic pain, abdominal pain, backache, and back pain, pain in the extremities, fever, fainting, dyspnoaedema, cough, and many other common symptoms are each considered individually in separate chapters. Beginning with the definition, the various types of ailments in which the symptom is prominent, are discussed in detail. Then for each subject, there is a summary giving factual data which will be of value to the reader in determining the actual cause of the symptom under consideration.

The subject matter in the book is well organized and is written in an interesting manner. Any individual chapter on the various symptoms is a veritable refresher course for the busy physician who reads it. The book is well illustrated which adds materially to its value, and it will undoubtedly be used freely when its purpose is definitely understood.

A Text Book of Pathology: By E. T. Ball, M.D., Professor of Pathology, University of Minnesota, Minneapolis. Contributors: B. J. Clawson, M.D., Professor of Pathology and J. S. McCartney, M.D., Associate Professor of Pathology, University of Minnesota, Minneapolis, Minn. Sixth edition, enlarged and thoroughly revised, published 1947. Octavo, 910 pages, with 500 engravings and 4 color plates. Lea & Febiger, Philadelphia 6, Pa. Price $10.00.

This is the sixth edition of a previously popular textbook of pathology written by Doctor Bell and two associates, Doctor Clawson and Dr. McCartney. Doctor McCartney was responsible for the chapter on "Diseases of the Liver and Gall Bladder", while Doctor Clawson wrote the section on "Diseases of the Heart".

Although primarily intended to be used as a textbook, it is of considerable importance likewise to the practicing physician who will find much interesting information within its pages. Through its recent revision several departments have been considerably enlarged, and as stated by the author in his preface, this is particularly true in consideration of the vitamin deficiencies and tropical diseases.

The author has endeavored to show the close relationship betwen pathological studies and clinical medicine — the latter the author believes, is really a continuation of pathological studies and not an abrupt entrance into a new field. It would be rather difficult to comment more in detail on certain portions of the book than upon others as the importance of the various chapters varies according to the individual interests of the reader.

Doctor Bell as an outstanding authority on diseases of the kidneys, and having written an excellent treatise on "Renal Diseases", has brought out this subject in an excellent manner. The chapter on Diseases of the Blood will likewise appeal to those especially interested in this field, as well as to the average reader who desires to increase his knowledge concerning anemia and disturbances in the hematopoetic system.

The book is well written and contains a vast amount of information on highly important subjects, and is written so that it should be of much interest to those who possess the book.

Some photographs have been eliminated which ap-

for resistance!
immunity is a protein phenomenon
SHARP & DOHME
'delcos'
granules



In Cholangitis . .

Decholin produces hydrocholeresis, flushing the bile ducts, removing accumulated mucus and inspissated bile.

In Cholecystitis . .

Decholin relieves stasis, discourages ascending infection, promotes drainage.

In Biliary Surgery . .

Decholin fits well into the postoperative routine by materially helping to keep the bile passages free from offending debris.

HOW SUPPLIED: *Decholin* in 3¾ gr. tablets. Boxes of 25, 100, 500 and 1000.

ACCEPTED Council on Pharmacy and Chemistry American Medical Association

Decholin
Reg. U. S. Pat. Off.
(dehydrocholic acid)

AMES COMPANY, Inc.

ELKHART, INDIANA

Your Advertisers

This is an index of those who serve the Medical Profession and support your Journal. All advertisers are approved by your Journal Committee. It will help you to mention your Journal when writing them.

BODY SUPPORTS

J. E. Hanger, Inc., Chicago 5 28
Spencer, Inc., New Haven 7, Conn.
Spencer Support Shop, Chicago 2

CLASSIFIED

Classified Advertisements 68

FOODS

Borden Company, 350 Madison Ave., New York 27
Campbell Cereal Co., Minneapolis, Minn. 51
Coca Cola, Atlanta, Ga. 58
Knox Gelatin Laboratories, Johnston, N. Y.
Libby, McNeil & Libby, Chicago 9 14
Mead Johnson & Co., Evansville, Ind. .. Inside Back Cover
National Dairy Products, New York, N. Y. 47
Nestle's Milk Products, Inc., 155 E. 44th St., New York 17
Wander Company, 360 N. Michigan Ave., Chicago

FINANCIAL AND INSURANCE

Medical Protective Co., Fort Wayne, Ind. 13
Physician Casualty Co., Omaha, Neb. 65

PHARMACEUTICALS

Abbott Laboratories, North Chicago, Illinois 12
Ames Co., Inc., Elkhart, Ind. 60, 61
Ar-Ex Cosmetics Inc., 6 N. Michigan Ave., Chicago 2, Ill. 68
Armour Laboratories, Chicago 9, Ill. 31
Ayerst, McKenna & Harrison Ltd., New York 16 25
Borcherdt Malt Extract Co., Chicago 12, Ill. 68
Bristol Laboratories, Inc., Syracuse 1, N. Y. 20
Bristol-Meyers Co., New York
Ciba Company, Summit, N. J. 10, 11
Commercial Solvents Corp., Terre Haute, Ind. 42
Crookes Laboratories, Inc., 305 E. 45th St., N. Y.
Doho Chemical Corp., New York 13, N. Y. 29
Durex Products, New York 28
Otis E. Glidden & Co., Evanston
Gold Pharmacal Co., New York 67
Hoffman-LaRoche, Inc., Nutley, N. J. 8
Holland-Rantos Co., Inc., 551 Fifth Ave., New York
Hoosier Pharmacal Co., Indianapolis, Ind.
Hynson Westcott & Dunning, Charles and Chase St., Baltimore 52
International Pharmaceutical Corp., Boston 16 53
International Vitamin Corp., 50 E. 42nd St., New York City
Irwin, Neisler & Co., Decatur, Ill. 49
Lanteen Medical Laboratories, Chicago 10 39
Thos. Leeming Co., 155 E. 44th St., New York 17 21
Lily, Eli & Co., Indianapolis, Ind. 35, 36, 37
Maltbie Chemical Co., Newark, N. J.
S. E. Massengill Co., Bristol, Tenn. 40
McNeil Laboratories, Inc., Philadelphia, Pa. 9
Merck & Co., Rahway, N. J.
Morris, Philip & Co., 119 Fifth Ave., New York 45
Nepera Chemical, Yonkers, N. Y. 26
Nion Corporation, Los Angeles 38, Calif. 56
Num Specialty Co., Pittsburgh, Pa. 58
Parke, Davis & Co., Detroit, Mich. 6, 7, 63
Rare Chemicals, Inc., Flemington, N. J.
Reed & Carnrick, Jersey City 6, N. J. 46
Rees Davis Drugs, Meridan, Conn.
Reynolds & Co., R. J., Winston-Salem, N. C. 18
Roche-Organon, Inc., Nutley, N. J. 32
J. B. Roerig & Co., 536 Lake Shore Drive, Chicago 43
Schenley Laboratories, Inc., N. Y. 1, N. Y. 54
Schering Corp., Bloomfield, N. J. 19
Schmid, Julius, Inc., 423 W. 55th St., New York City .. 4
G. D. Searle & Co., P. O. Box 5100, Chicago Inside Front Cover
Sharp & Dohme, 11 Canal St., Chicago 3, 28, 33, 48, 52, 56, 58, 61, 65, 66, 68
Smith, Kline & French, Philadelphia 5, 16, 34, 41, 59
E. R. Squibbs & Co. 30
Frederick Stearns & Co., Detroit, Mich. 15
Swift & Co., Chicago
The Tarbonis Co., Cleveland 3, Ohio 55
Upjohn Co., Kalamazoo, Mich.
Walker Vitamin Products, Inc., New York 44
Wm. R. Warner & Co., 113 W. 18th St., New York
Warren-Teed Products Co., Columbus 8, Ohio
Whittaker Laboratories, Inc., New York City 33
White Laboratories, Inc., ... 22, 23
Winthrop Chemical Co., 70 Varick St., New York 17
Wyeth Incorporated 24
Zemmer Co., Pittsburgh, Pa. 28

SANATORIA AND SANITARIA

Costeff Sanatorium, Peoria, Ill. 66
Edward Sanatorium, Naperville, Ill. 64
Mitchell Farm, Peoria 65
Milwaukee Sanitarium, Wauwatosa, Wis. Back Cover
Norbury Sanatorium, Jacksonville, Ill. 64
North Shore Health Resort, Winnetka 66
Mary E. Pogue School, Wheaton, Ill. 67
Stokes Sanitarium, Louisville, Ky. 68

EQUIPMENT

General Electric X-Ray Corp., 2012 W. Jackson Blvd., Chicago 38
Picker X-Ray, New York 10, N. Y.

SCHOOLS

Washington University, St. Louis 10 33

RADIUM

Central X-Ray & Clinic Laboratory, 58 E. Washington, Chicago 65
Physicians Radium Assn., 55 E. Washington St., Chicago 67

Reminding people of the value of
PROMPT AND PROPER MEDICAL CARE

To an audience of over 23 million people, in LIFE and other national magazines, Parke-Davis presents a message on a timely subject (shown below). It is No. 207 in the "See Your Doctor" series published in behalf of the medical profession.

A reproduction in full color will be sent on request. Write to Parke, Davis & Company, Detroit 32, Michigan.



The NORBURY SANATORIUM

JACKSONVILLE, ILLINOIS INCORPORATED and LICENSED

For the Treatment of Nervous and Mental Disorders

DR. ALBERT H. DOLLEAR, Superintendent
DR. FRANK GARM NORBURY, Medical Director
DR. SAMUEL N. CLARK, Physician
DR. HENRY A. DOLLEAR, Associate Physician
DR. FREDERICK A. CAUSEY, Associate Physician in Residence

Address Communications THE NORBURY SANATORIUM, Jacksonville, Illinois

BOOK REVIEWS (Continued)

peared in the previous edition, while many more new ones have been added. This is an excellent reference work on pathology and should be of much interest to any practitioner who reads it, and it is worthy of a place in the medical libraries everywhere.

OBSTERICAL PRACTICE: Alfred C. Beck, M.D., Professor of Obstetrics and Gynecology, Long Island College of Medicine Obstetrician and Gynecologist-in-Chief, Long Island College Hospital, Brooklyn 4th Edition, 1947; The Williams and Wilkins Company, Baltimore. Price $7.00; 966 Pages.

Beck's Obstetrical Practice is a well-written and practical text-book on general obstetrics of especial value to the general physician. There are 966 pages, divided into 47 chapters, with more than a thousand illustrations, many of which are original drawings. This is the fourth edition since 1935. There has been considerable revision and replacement of old material. The book is logically arranged, beginning with the ovarian cycle and carrying through the development of the pregnancy to its termination and resucitation of the newborn. Controversial and theoretical material has been omitted. Most paragraphs are short and very informative. In numerous instances the outline form has been used where practical. Particular attention has been given to pre-natal care, with elaboration on the dietary regime of pregnancy. The presentations on the mechanisms of labor, both normal and abnormal, are well done, and profusely illustrated. Drawings of the touch pictures during obstetrical examination are of especial value. The usual obstetrical operative procedures have been well outlined with many informative illustrations. The use of penicillin in the prevention of congenital syphilis and the treatment of puerperal infection has been added. A new chapter on analgesia, amnesia, and anesthesia covers this field adequately.

This book offers a quick reference source and in the opinion of the reviewer is an excellent addition to the medical library. J.W.F.

THE YEARS AFTER FIFTY: By Wingate M. Johnson, M.D., Professor of Clinical Medicine and Chief of Private Diagnostic Clinic, Bowman Gray School of Medicine of Wake Forest College, Winston-Salem, N.C., with a Foreword by Morris Fishbein, M.D., Editor of the Journal, American Medical Association. Whittlesey House, McGraw-Hill Book Company, Inc., New York and London. Price $2.00.

Doctor Johnson has had a vast experience in caring for those in the older groups over a period of years. He is most capably fitted to give proper evaluation of the various problems developing in those past fifty. The book is different from most of those on geriatrics which have appeared frequently during recent years in that he is more interested in preparing the individuals past fifty for the years to come, and in giving them

Edward Sanatorium NAPERVILLE, ILLINOIS
(30 miles west of Chicago)
Est. 1907 by Dr. Theodore B. Sachs

FOR THE TREATMENT OF TUBERCULOSIS

Jerome R. Head, M.D.—Chief of Staff
Ideally situated — beautiful landscaped surroundings — modern buildings and equipment
A-A rating by Illinois Department of Health
Full approval of the American College of Surgeons
Active Institutional member of the American Hospital Association
For detailed information apply to—

Business Office at the Sanatorium Telephone Naperville 450

NERVOUS and MENTAL DISEASE

FOR MILD CASES *FOR SEVERE CASES*

MICHELL FARM — MICHELL SANATORIUM

Licensed by State of Illinois

George W. Michell, M.D., Medical Director

INFORMATION ON REQUEST

106 North Glen Oak Ave., Ph. 3-5179, Peoria, Ill.

Chicago Office:

46 East Ohio Street . . . Phone Delaware 6770



advice which if taken, should increase their life expectancy quite materially.

He believes in hobbies and recommends several types, especially those not requiring a great deal of muscular effort for those who have not previously had a hobby. The chapter on "Blood Pressure — High and Low" is most interesting and full of valuable suggestions. The author does not believe it wise to take blood pressure readings to often, and in many cases, perhaps unwise to tell the individual the exact reading, realizing that blood pressure readings taken at various intervals during the same day may have a wide variation, depending upon the activities, worry, lack of relaxation, and many other factors.

Another interesting chapter is that on "Preparing for Old Age" in which much valuable information and advice is given in the characteristic manner of the author, and in this chapter the article on "The right and wrong way to grow old" is most interesting and should be of much value to those past fifty who read it.

The type of philosophy displayed in this book which is characteristic of the author himself, makes this an unusually interesting volume which the reviewer heartily recommends especially to those in the age groups which are under consideration.

ADVANCES IN INTERNAL MEDICINE, Volume 2, 1947. Edited by William Dock, M.D., Long Island College of Medicine, Brooklyn, N.Y., and I. Snapper, M.D., Mount Sinai Hospital, New York, N.Y. Interscience

ACCIDENT - HOSPITAL - SICKNESS

INSURANCE

FOR PHYSICIANS, SURGEONS, DENTISTS EXCLUSIVELY

ALL PREMIUMS COME FROM — PHYSICIANS SURGEONS DENTISTS — ALL CLAIMS GO TO

$5,000.00 accidental death $25 weekly indemnity, accident and sicknes	**$8.00** Quarterly
$10,000.00 accidental death $50 weekly indemnity, accident and sickness	**$16.00** Quarterly
$15,000.00 accidental death $75 weekly indemnity, accident and sickness	**$24.00** Quarterly
$20,000.00 accidental death $100 weekly indemnity, accident and sickness	**$32.00** Quarterly

ALSO HOSPITAL EXPENSE FOR MEMBERS WIVES AND CHILDREN

86c out of each $1.00 gross income used for members' benefit

$3,000,000.00 INVESTED ASSETS — **$14,500,000.00 PAID FOR CLAIMS**

$200,000.00 deposited with State of Nebraska for protection of our members.

Disability need not be incurred in line of duty—benefits from the beginning day of disability

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

45 years under the same management

400 First National Bank Building — OMAHA 2, NEBRASKA

Radium Rental
Prompt Service

Deep X-Ray & Radium Therapy

Central X-Ray & Clinical Laboratory

Fred F. Schwartz, M.D., Director.

58 E. Washington St., Dear. 6960

CHICAGO, ILL.

patients accept
whole protein
day after day

SHARP & DOHME

'delcos'
granules



NORTH SHORE HEALTH RESORT
WINNETKA, ILLINOIS
on the Shores of Lake Michigan
A completely equipped sanitarium for the care of
nervous and mental disorders, alcoholism and drug addiction
offering all forms of treatment, including electric shock
Samuel Liebman, M.S., M.D.
Medical Director
FULLY APPROVED BY THE AMERICAN COLLEGE OF SURGEONS
225 Sheridan Road Phone Winnetka 211

BOOK REVIEWS (Continued)

Publishers, Inc., New York 3, N.Y. 642 pages. $9.50.

This is the second volume of what is intended to be an annual or biennial publication. The first volume dealt with the high points of civilian and military experiences in internal medicine during the war years. The present volume contains thirteen monographs on recent advances in internal medicine. It does not attempt to cover the whole field of internal medicine, but each monograph reviews its subject comprehensively. The editors and associate editors are distinguished internists and the contributors are recognized authorities in their fields. The subjects include four articles on various aspects of cardiovascular disease, discussing the information gained from the new procedures of venous catheterization and angiography; two articles on nutrition; two articles on penicillin; an article on thoracic surgery; one on the new insectides; one on the physiology of aviation and deep sea diving; one on the rhesus antigen; and one on megaloblastic anemias.

The subjects are wisely chosen for current clinical interest, the increased space given to cardiovascular diseases reflecting the ever-increasing prominence of these diseases. The choice of authors is excellent. The manner of presentation is to be commended, each monograph being a complete review of its subject. Illustrations are abundant, the bibliography is comprehensive, and the book is well indexed. This book accomplishes well its expressed intention of briefing the internist and general practitioner on outstanding recent advances in internal medicine and related fields.

J. C. S.

Books Received

The following books have been received for reviewing, and are herewith acknowledged. This listing should be considered as a sufficient return for the courtesy of the sender. Books that appear to be of unusual interest will be reviewed as space permits each month. Readers desiring additional information relative to books listed, may write the Editor who will gladly furnish same promptly.

COMMUNAL SICK CARE IN THE GERMAN GHETTO: By Jacob R. Marcs, Ph.D., Adolph S. Ochs, Professor of Jewish History Hebrew Union College. The Hebrew Union College Press, Cincinnati, 1947. Price $2.50.

MAY'S MANUAL OF THE DISEASES OF THE EYE: For Students and General Practitioners. 19th Edition, Revised and Edited by Charles A. Perera, M.D., Assistant Clinical Professor College of Physicians and Surgeons, Columbia University, New York; Asst. Attending Ophthalmologist, Presbyterian Hospital, New York. With 387 illustrations including 32 plates

COSTEFF SANITARIUM
Mental and Nervous Disorders
Alcoholism and Drug Addiction
- **SHOCK TREATMENT** (Insulin, Metrazol Electro-shock) administered in suitable cases
- **ARTIFICIAL FEVER THERAPY**
Home like environment, individual attention. MODERATE RATES.

Licensed by the State of Illinois
HARRY COSTEFF, M. D., Medical Director
1109 NO. MADISON AVE., PEORIA, ILL.
Phone 4-0156 Literature on request.



in whooping cough

ELIXIR BROMAURATE

GIVES EXCELLENT RESULTS

Cuts short the period of illness and relieves the distressing spasmodic cough. Also valuable in Bronchitis and Bronchial Asthma.

In four-ounce original bottles. A teaspoonful every 3 to 4 hours.

Prescribed by Thousands of Doctors

GOLD PHARMACAL CO. NEW YORK CITY

with 93 colored figures. Baltimore. Williams & Wilkins Company, 1947. Price $4.00.

INTERNAL MEDICINE IN GENERAL PRACTICE: By Robert Pratt McCombs, B.S., M.D., F.A.C.P., Assistant Professor of Medicine and Director of Postgraduate Teaching, Tufts College Medical School; Senior Attending Physician, The Joseph H. Pratt Diagnostic Hospital; Diplomate of the American Board of Internal Medicine. Second Edition. 741 pages with 122 illustrations. Philadelphia and London: W. B. Saunders Company, 1947. Price $8.00.

THE AMERICAN ILLUSTRATED MEDICAL DICTIONARY — A complete dictionary of the terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, Nursing, Veterinary Science, Biology, Medical Biography, etc.; with pronunciation, derivation and definition. By W. A. Newman Dorland, A.M., M.D., F.A.C.S., Lieut. Col., M.R.C., U. S. Army; Member Committee on Nomenclature and Classification of Diseases of the A.M.A.; Editor of "American Pocket Medical Dictionary". 21st Edition. 1660 pages; with 880 illustrations, including 233 portraits. With the Collaboration of E. C. L. Miller, M.D., Medical College of Virginia. Philadelphia and London: W. B. Saunders Company, 1947. Price $8.00, without thumb index; $8.50 with thumb index.

Radium Rental Service

By

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

•

The Physicians Radium Association

Room 1307—55 East Washington St., Pittsfield Bldg., CHICAGO 2, ILL.

Telephones: Central 2268-2269

Wm. L. Brown, M.D., Director

Wm. L. Brown, Jr., M.D., Associate



THE MARY POGUE SCHOOL

Complete facilities for training retarded and epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

Recreational facilities include riding, group games, selected movies under competent supervision.

Separate buildings for boys and girls under 24 hour supervision of skilled personnel.

Catalogue on request.

G. H. Marquardt, M.D. *Medical Director*

Barclay J. MacGregor *Registrar*

33 GENEVA ROAD, WHEATON, ILLINOIS

(near Chicago)

BORCHERDT MALT SOUP EXTRACT
EST. 1868



for Constipated Babies

Borcherdt's Malt Soup Extract is a laxative modifier of milk. One or two teaspoonfuls in a single feeding produce a marked change in the stool. Council Accepted. Send for sample.



BORCHERDT MALT EXTRACT COMPANY, 217 N. Wolcott Ave., Chicago 12, Ill.

Classified Ads

RATES FOR CLASSIFIED ADVERTISEMENTS—For 30 words or less: 1 insertion, $3.00; 3 insertions, $8.00; 6 insertions, $14.00; 12 insertions, $24.00; from 30 to 50 words: 1 insertion, $4.00; 3 insertions, $10.50; 6 insertions, $20.00; 12 insertions, $30.00. Extra words: 1 insertion, 10c each; 3 insertions, 25c each; 6 insertions, 40c each; 12 insertions, 50c each. A fee of 25c is charged for those advertisers who have answers sent care of the Journal. Cash in advance must accompany copy.

WANTED: Psychiatrists for Illinois Mental Hospitals. Salary $4740-$7920. Requirements: Graduation from Class A Medical School, Illinois licensure or qualifications for same. Maintenance available. Illinois Department of Public Welfare, 160 North LaSalle Street, Chicago 1, Illinois.

WANTED: For Illinois Institutions. Physicians, Public Health Physicians, Tuberculosis Control Physicians, Pathologists. Salaries — $4080-$6960. Requirements — Graduation from a Class A Medical School, Illinois licensure or qualifications for same. Maintenance available. Illinois Department of Public Welfare, 160 North LaSalle Street, Chicago 1, Illinois.

WANTED: Residents and Fellows. Rotating Residencies and Fellowships in Psychiatry and Neurology acceptable for certification by American Board, available in approved Illinois Mental Hospitals. Salary: 1st year — $2400-$3240, 2nd year — $2760-$3480, 3rd year — $4080-$4800. Requirements: Graduation from a Class A Medical School, Illinois licensure or qualifications for same. Maintenance available. Illinois Department of Public Welfare, 160 North LaSalle Street, Chicago 1, Illinois.

FOR SALE: 30 years of established dermatological practice in Chicago and vicinity complete with equipment and entire records of thousand of patients. Only $1,000.00. Write Wm. R. Semerak, 333 N. Michigan Ave., Chicago 1. 12/47

FOR SALE: Eye, Ear, Nose & Throat Practice. Retiring. Fully equipped, well located Chicago loop office. Complete with records, lease, etc., immediate occupancy. Box 132, Illinois Medical Journal, 30 N. Michigan, Chicago 2.

WANTED: Thoroughly competent physician for Industrial office. Must be graduate of Class A school with adequate hospital training. 200 Republic Building, Cleveland, Ohio.

WANTED: Thoroughly competent physician for night work. Must be graduate of Class A school with adequate bospital training. 200 Republic Building, Cleveland, Ohio.

PREGNANCY TESTING SERVICE: Laboratory test using Xenopus frog. Twenty-four hour service. Six dollar fee. Instructions, urine specimen container, mailing case furnished upon request. Paul L. Fry, PhC, Dixon, Illinois. 9/48

OFFICE SPACE: Springfield, Ill. Ideal residential space for specialist or general man. Two rooms, 9 by 10 and 15 by 20, large reception room available. With dentist and medical specialist. Will partition and decorate. State school and society memberships. Box 133, Illinois Medical Journal, 30 N. Michigan Ave., Chicago 2.

FOR SALE: Treatment room equip. Liebel Flarsheim ST 2C short wave with surg. attachments, exam. table, inst. cab., treatment stand with 18 inch sterilizer, chair, stool, lamp, waste recepticle, assorted instruments. Phone South Shore 6543, or write 8118 S. Euclid Ave., Chicago.

maximal metabolic efficiency
SHARP & DOHME
'delcos'
granules

A backwoods mountaineer found a mirror which a tourist had lost.

"Well, if it ain't my old dad," he said, as he looked in the mirror. "I ain't never knowed he had his pitcher took."

He took it home. That night while he slept, his wife found the mirror.

"Humm-mm," she said, looking into it. "So that's the old hag he's been chasin'."

Auctioneer: "What am I offered for this beautiful bust of Robert Burns?"

Man in crowd: "That ain't Burns, that's Shakespeare."

Auctioneer: "Well, folks, the joke's on me. That shows what I know about the Bible."

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our **ALCOHOLIC** treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquor withdrawn gradually, no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The **DRUG** treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101

EYELID DERMATITIS
Frequent symptom of nail lacquer allergy



New **AR-EX *HYPO-ALLERGENIC* NAIL POLISH**

In clinical tests proved SAFE for 98% of women who could wear no other polish used.

At last, a nail polish for your allergic patients. In 7 lustrous shades. Send for clinical resume.



EXCLUSIVELY BY AR-EX Cosmetics

AR-EX COSMETICS, INC. 1036 W. VAN BUREN ST., CHICAGO 7, ILL.



IT DOES HAPPEN HERE

Severe rickets still occurs — even in sunny climates

Vitamin D has become such an accepted practice in infant feeding that it is easy to think that rickets has been eradicated. However, even deforming rickets is still seen, as witness the above three contemporary cases from three different sections of the United States, two of them having well above the average annual sunshine hours for the country. In no case had any antiricketic been given during the first two years of life. *It is apparent that sunlight did not prevent rickets.* In other cases of rickets, cod liver oil was given inadequately (drop dosage) and even this was continued only during the winter months.

To combat rickets simply, inexpensively, effectively —

OLEUM PERCOMORPHUM

This highly potent source of natural vitamins A and D, if administered regularly from the first weeks of life, will not only prevent such visible stigmata of rickets as pictured above, but also many other less apparent skeletal defects that might interfere with good health. What parent would not gladly pay for this protection! And yet the average prophylactic dose of Oleum Percomorphum costs less than one cent a day. Moreover, since the dosage of this product is measured in drops, it is easy to administer Oleum Percomorphum and babies take it willingly. Thus there is assurance that vitamin D will be administered *regularly.*

OLEUM PERCOMORPHUM WITH OTHER FISH-LIVER OILS AND VIOSTEROL

Potency, 60,000 vitamin A units and 8,500 vitamin D units per gram. Supplied in 10 cc. and 50 cc. bottles; and as capsules in bottles containing 50 and 250.

MEAD JOHNSON & COMPANY, Evansville 21, Indiana, U. S. A.

N Y Acad of Med
5 Ave & 103rd St
New York N Y
Exch



COLONIAL HALL
One of the 14 Units in "Cottage Plan"

FOR NERVOUS DISORDERS

MAINTAINING the highest standards for more than a half century, the Milwaukee Sanitarium stands for all that is best in the care and treatment of nervous disorders. Photographs and particulars sent on request.

Josef A. Kindwall, M. D.
Carroll W. Osgood, M. D.
William T. Kradwell, M. D.
Benjamin A. Ruskin, M. D.
Lewis Danziger, M. D.
Russell C. Morrison, M. D.
E. Madison Paine, M. D.
H. Gladys Spear, M. D.
Arthur J. Patek, M. D.

G. H. Schroeder
Business Manager

MILWAUKEE SANITARIUM

WAUWATOSA—WISCONSIN

PHYSICIAN'S CHICAGO OFFICE—1117 Marshall Field Annex—Wednesdays, 1-3 P.M.—Central 1162

The
ILLINOIS
Medical Journal



November, 1947

In This Issue

Treatment of the Meningitides

U. S. Public Health Service and the Private Practice of Medicine

X-Ray Demonstrable Lesions of the Colon

(See page 35 for complete Table of Contents)

new antihistaminic potency...

An enhanced therapeutic action with a minimum of the unpleasant side effects commonly associated with antihistaminic drugs has been observed following the use of

HYDRYLLIN

Hydryllin combines:

DIPHENHYDRAMINE*

—widely accepted as an effective histamine antagonist

AMINOPHYLLIN

—smooth muscle relaxant, with a selective action in relieving bronchial muscle spasm.

Hydryllin is indicated in allergic disturbances —urticaria, hay fever, allergic rhinitis with or without bronchial asthma, bronchial asthma, drug allergies and atopic and eczematous dermatitis.

SEARLE

RESEARCH
IN THE SERVICE
OF MEDICINE

*Diphenhydramine is the name adopted by the Council on Pharmacy and Chemistry of the American Medical Association for β-dimethylaminoethyl benzohydryl ether.

Entered as Second-Class Matter July 21, 1919, at the Post Office, Oak Park, Illinois, under the Act of March 8, 1879. Acceptance for mailing at special rate of postage provided for in section 1102. Act of October 8, 1917, authorized July 15, 1918. Office of Publications, 715 Lake Street, Oak Park, Ill.



The First Modern Anatomy . . .

Medicine and Dentistry thank Belgium's Vesalius (1514-1564) for the first accurate knowledge of human anatomy. Galen's knowledge of monkeys, dogs and pigs had been gospel for 1,350 years. But what of the *human* body? Vesalius, who at 23 held Padua's first chair of anatomy, robbed scaffolds of charred criminals until he could name every human bone, even when blindfolded.

His great book (printed, like the Copernican theory, in 1543—11 years after Jordan's book on teeth and a year before Ryff's on the correct number of tooth roots) showed no vena cava arising from the liver, no imputrescible heart bone, no opening between the 2 ventricles, etc. He had brought honest *observation* to anatomy.

A doctor's responsibility was greater, too, after 1200 A.D. Under Europe's "modern" Roman Law, he was liable not only for intentional injury, but for use of less than "*standard*" knowledge or skill.

Doctors Today avoid loss of reputation, time and money by securing the Medical Protective policy's *complete* protection, *preventive* counsel and *confidential* service.

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA

Professional Protection EXCLUSIVELY . . . *since 1899*

CHICAGO: T. J. Hoehn, E. M. Breier, W. R. Clouston, and Robert B. Johnson, Representatives, 1142-44 Marshall Field Annex Bldg., Tel. State 0990—SPRINGFIELD: F. A. Seeman, Representative, 307 Illinois National Bank Bldg., Tel. 7915

"...the weight curve is



White
LABORATORIES, INC., Pharmaceutical Manufacturers, Newark 7, N. J.

immediately affected..."[1]

An immediate accelerated weight gain may occur when B vitamins are supplemented to the average infant diet—anorexia, fretfulness, spasticity and digestive disturbances may also often be reduced. [1, 2, 3]

As a supplement to the average infant diet, five drops daily of White's Multi-Beta Liquid provide the important vitamin B factors in amounts proportionate to their average insufficiency in such diets.

Pleasant-tasting, easy to take, freely miscible in milk mixtures, orange juice or other liquids, soft feedings—or directly from dropper. Notably stable.

1) Gaynor, M. F. and Dennett, R. H.: J. Ped., *4*:507-13 (April) 1934.

2) Hoobler, B. R.: J. A. M. A., *96*:675-77 (Feb. 28) 1931.

3) Poole, M. W., Hamil, B. M., Cooley, T. B., Macy, I. G.: Am. J. Dis. Child., *54*:726-749 (Oct.) 1937.

Multi-beta *Liquid*

. . . to correct inadequacies in infant diets

new evidence of the efficacy of Dexedrine in weight reduction

Excerpts from a recent study entitled, THE MECHANISM OF AMPHETAMINE-INDUCED LOSS OF WEIGHT: A Consideration of the Theory of Hunger and Appetite —by Harris, S. C.; Ivy, A. C., and Searle, L. M.: J. A. M. A. 134:1468 (Aug. 23) 1947.

experiment 1. Does Dexedrine Sulfate, by controlling appetite, decrease food intake and body weight in human subjects?

results "... our obese subjects lost weight when placed on a diet which allowed them to eat all they wanted three times a day ..."

experiment 4. Does the rather prolonged administration of Dexedrine cause any evidence of disturbance of tissue functions?

results "No evidence of toxicity of the drug as employed in these studies was found ... no evidence of deleterious effects of the drug was observed."

Dexedrine Sulfate

(*dextro-amphetamine sulfate, S.K.F.*) Tablets Elixir

for control of appetite in weight reduction

Smith, Kline & French Laboratories, Philadelphia

Presenting NARAKON

WITH DESOXYEPHEDRINE

...a distinctive antiseptic nasal decongestant

• ***NARAKON**** Solution with Desoxyephedrine has been proved by clinical tests to be safe and effective in achieving nasal antisepsis and decongestion in the therapy of simple inflammatory and allergic rhinologic diseases. • The potent germicidal and tissue-penetrating qualities of ***NARAKON*** Solution stem from its content of benzalkonium chloride, to destroy common secondary pathogenic invaders of nasal membranes in record time . . . without causing tissue injury or ciliary paralysis. A small but effective amount (1%) of *dl*-Desoxyephedrine Hydrochloride aids in promoting mucosal decongestion with virtual freedom from rebound turgescence and systemic action. • Also available as ***NARAKON*** Plain (without vasoconstrictor) for administration over extended periods as necessary. • ***NARAKON*** Solution (Plain or with Desoxyephedrine) is an aromatized, isotonic, aqueous solution, buffered to a suitable pH. It may be administered by atomizer spray, with dropper, as nasal douche, or tamponage. • ***NARAKON*** Nasal Solution is the first of a distinctive new series of meritorious medicinal agents to be introduced to the profession under the hallmark of "*Baybank*".

*Trade-Mark



BAYBANK

TRADE MARK

BAYBANK PHARMACEUTICALS, INC.

NEW YORK 4, N. Y. · DIVISION OF CHESEBROUGH MFG. CO. CONS'D

"don't smoke"...

IS ADVICE HARD FOR PATIENTS TO SWALLOW!

May we suggest, instead, *SMOKE "PHILIP MORRIS"?* Tests* showed 3 out of every 4 cases of smokers' cough cleared on changing to PHILIP MORRIS. Why not observe the results for yourself?

*Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.



FOR THREATENED AND HABITUAL ABORTION

In the treatment of habitual abortion, "vitamin E should be used because it appears to offer great hope in salvaging pregnancies that would otherwise habitually abort."* Ephynal Acetate—the Roche vitamin E preparation (*a*-tocopherol acetate)—is particularly suitable for the treatment of habitual and threatened abortion because it is stable, of unvarying potency and purity, and well tolerated even in large doses and over long periods of time. Its freedom from side reactions is of signal value in all disorders amenable to vitamin-E therapy. Available in tablets of 3, 10, and 25 mg.

HOFFMANN-LA ROCHE, INC., Roche Park, Nutley 10, New Jersey.
T.M. — Ephynal — Reg. U. S. Pat. Off.

*A. T. Hertig & R. G. Livingstone, *New England J. Med.*, 230:798, 1944

THERE IS ONLY ONE...

Phospho-Soda (FLEET)*

today's ethical saline cathartic

Prominent clinicians are increasingly reporting[1,2,3,4,5] the value of sodium phosphates for controlled catharsis—available in scientific formulation *only* in Phospho-Soda (Fleet)*, which has enjoyed such wide acceptance by the medical profession for so many years.

In fulfillment of the most modern authoritative requirements, this unique saline laxative provides an ease of administration and a gently efficient action that have made it a prescription favorite for many physicians whenever thorough, safe elimination is desired.

Phospho-Soda (Fleet)* is a precise combination of two official phosphates of soda in uniform, stable and palatable form. It is advertised exclusively to the medical and dental professions; supplied in bottles of 2½, 6 and 16 fluid ounces, at all pharmacies.



*'PHOSPHO-SODA' AND 'FLEET' are registered trademarks of C. B. Fleet Co., Inc.

References

1. Maya, C. W.: 1942 Proceedings of Assembly, Chicago Meeting of Interstate Post Graduate Med. Assoc. of North America, Oct., 1942.
2. Maya, C.W.: Postgraduate Med., 1:46, 1947.
3. Nesselrod, J. P. et al.: Ill. Med. J., 81:4, 1942.
4. Christopher, Frederick: Minor Surgery, Saunders Co., Philadelphia, 5th ed., 1944.
5. Scherer, J. H.: Virginia Med. Monthly, 72:289, 1945.

C. B. FLEET CO., INC.
Manufacturing Chemists • LYNCHBURG, VA.

For Controlled Catharsis, Prescribe
TRADE Reg U S Pat Off MARK
PHOSPHO-SODA
FLEET

What their mothers will tell you . . .



Libby's exclusive process of homogenization provides these advantageous features in Libby's Baby Foods: Rupture of cellulose capsules; uniform dispersion of food solids throughout the food mass; absence of liquid separation; easier availability of nutrients. Mothers will tell you their children like Libby's, that the satin-smooth texture of Libby's makes for ready acceptance by the infant. And mothers appreciate the fact that Libby's Baby Foods flow freely through regular size nipple openings when mixed with the milk formula.

Beets • Carrots • Green Beans • Peas • Spinach • Vegetable Soup • Mixed Vegetables
Garden Vegetables • Liver Soup • Vegetables with Beef and Barley • Vegetables with Lamb
Apples & Apricots • Apples & Prunes • Apple Sauce • Peaches • Peaches-Pears-Apricots
Pears & Pineapple • Prunes (with Pineapple Juice and Lemon Juice) • Custard Pudding

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

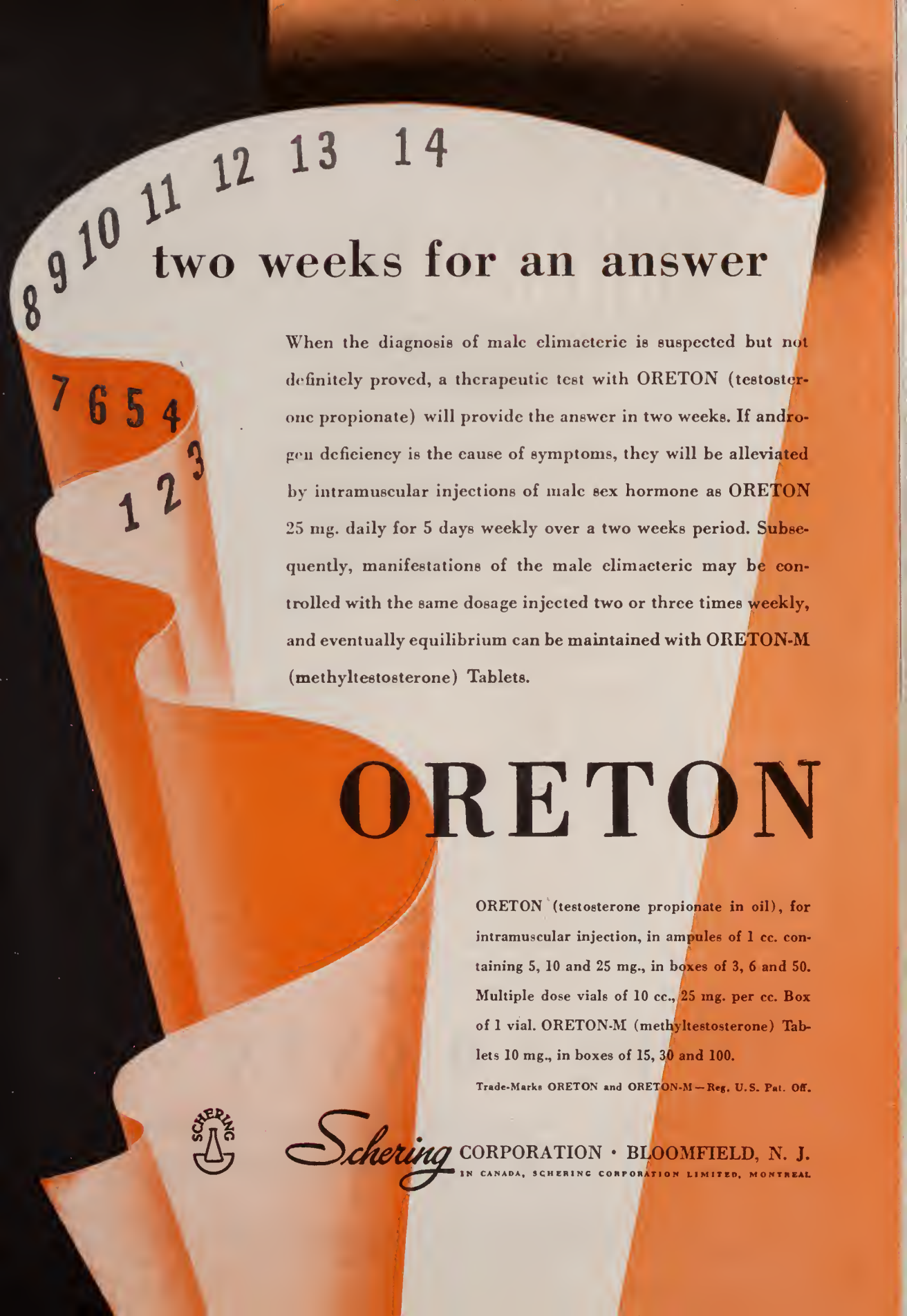




. . . SO SOME CHILD PATIENTS ARE BRATS!

We can't tell you how to reform them, of course. But here's a suggestion that will make things easier for you and the parents in those cases for which the administration of sulfadiazine is indicated: Prescribe Sulfadiazine *Dulcet* Tablets. The brats will *like* them. So will cherubs. And so, for that matter, will many adults who have difficulty in swallowing tablets and capsules, or who should use sulfadiazine tablets as troches for local effect. ● Sulfadiazine *Dulcet* Tablets are candies . . . in appearance, in taste, in odor, and in the way they melt in the mouth. Yet they are accurately and scientifically standardized to produce the desired therapeutic result. Sulfadiazine *Dulcet* Tablets are stocked by prescription pharmacies in two sizes: 0.16 Gm. (2½ grs.), and 0.32 Gm. (5 grs.). They may be chewed, dissolved on the tongue, or taken in a little water. Prescribe the same dosages as you would with conventional sulfadiazine tablets. Would you like a physician's sample? Just drop a line to ABBOTT LABORATORIES, North Chicago, Illinois.

SULFADIAZINE DULCET TABLETS
REG. U. S. PAT. OFF.



two weeks for an answer

When the diagnosis of male climacteric is suspected but not definitely proved, a therapeutic test with ORETON (testosterone propionate) will provide the answer in two weeks. If androgen deficiency is the cause of symptoms, they will be alleviated by intramuscular injections of male sex hormone as ORETON 25 mg. daily for 5 days weekly over a two weeks period. Subsequently, manifestations of the male climacteric may be controlled with the same dosage injected two or three times weekly, and eventually equilibrium can be maintained with ORETON-M (methyltestosterone) Tablets.

ORETON

ORETON (testosterone propionate in oil), for intramuscular injection, in ampules of 1 cc. containing 5, 10 and 25 mg., in boxes of 3, 6 and 50. Multiple dose vials of 10 cc., 25 mg. per cc. Box of 1 vial. ORETON-M (methyltestosterone) Tablets 10 mg., in boxes of 15, 30 and 100.

Trade-Marks ORETON and ORETON-M—Reg. U.S. Pat. Off.

SCHERING

Schering CORPORATION • BLOOMFIELD, N. J.

IN CANADA, SCHERING CORPORATION LIMITED, MONTREAL

For INTENSIVE Vitamin Therapy

In manifest vitamin deficiencies it is inadvisable and impractical to rely primarily on dietary correction. The deprivation of essential nutrient factors usually has existed for many years, and it is important to give adequate treatment in order to restore health promptly. Pluraxin is especially designed for intensive vitamin therapy.

Therapeutic Formula: Pluraxin

Vitamin A (from fish liver oil)	25,000 U.S.P. Units
Vitamin B_1 (thiamine)	15 mg.
Vitamin B_2 (riboflavin)	10 mg.
Vitamin B_6 (pyridoxine)	2 mg.
Nicotinamide	150 mg.
Calcium pantothenate	10 mg.
Vitamin C (ascorbic acid)	150 mg.
Vitamin D_2 (calciferol)	1,000 U.S.P. Units

Same formula ***with folic acid*** 5 mg. per capsule



One capsule daily is usually sufficient. Some patients may require larger doses at first. In vitamin therapy, "it is far better to prescribe too much than too little, too soon rather than too late" (Spies). Available in bottles of 30 and 100 capsules.

PLURAXIN

High Potency – Therapeutic Formula – Multiple Vitamin Capsules

Now also Pluraxin with FOLIC ACID

Winthrop CHEMICAL COMPANY, INC.
NEW YORK 13, N. Y. • WINDSOR, ONT.

PLURAXIN, trademark Reg. U. S. Pat. Off. & Canada

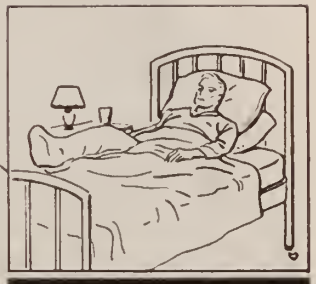


for more effective protein therapy with lower dosage

Whole Proteins

100% Biological Value

Palatable



In burns, ulcers, surgery, injury and shock



In infections, malnutrition, liver and kidney diseases



In pregnancy and lactation and in pediatrics

Whole proteins . . . 100% biological value . . . and high palatability, combine to make PROTOLAC an outstanding dietary protein concentrate.

PROTOLAC is indicated in the therapy of protein deficiencies. These conditions require a large intake of protein of high biological value. Whenever tissue damage is apparent, PROTOLAC merits consideration in planning the course of therapy.

Most important, the 100% biological value of PROTOLAC, proved by bio-assays, means *better results with lower dosage.*

PROTOLAC is highly palatable and combines readily with milk and other foods. Recipe suggestions with every jar.

Write for professional information to
BORDEN'S PRESCRIPTION PRODUCTS DIVISION
350 Madison Avenue, New York 17, N.Y.

Protolac

for Oral Use Only

The protein product with 100% biological value

Protolac

Powdered blend of casein, non-fat dry milk solids, lactalbumin, egg albumen, liver protein, hydrolysate of yeast and soy proteins, choline and l-cystine. Available in 1-lb jars at all pharmacies. Promoted only to the medical profession.



Not only at the menopause, but through all the years of ovarian activity, menstrual irregularities due to endocrine imbalance are frequently amenable to Di-Ovocylin. This Ciba estrogen is the hormonal constituent of the graafian follicle esterified in pure crystalline form to provide the longest duration of effect.

DI-OVOCYLIN ® (brand of α-estradiol dipropionate)

For further information, write Professional Service Division

CIBA PHARMACEUTICAL PRODUCTS, INC.
SUMMIT, NEW JERSEY



1. Extensive clinical experience has established that the combined use of an occlusive diaphragm and a spermatocidal jelly affords the optimum in protection to the patient.

2. A comprehensive report shows an overwhelming preference for the diaphragm-jelly technique of conception control. In a survey comprising 36,955 cases, clinicians prescribed this method for 34,314 or 93 per cent.[1]

3. Warner,[2] in a study of 500 cases in private practice, concludes that the combined technique is the most efficient method; there was no case of unexplained failure.

4. For the optimum of protection and simplicity in use we suggest the "RAMSES" Prescription Packet NO. 501 . . . a complete unit, containing a "RAMSES" Patented Flexible Cushioned Diaphragm of prescribed size, a "RAMSES" Diaphragm Introducer of corresponding size, and a large tube of "RAMSES" Vaginal Jelly.† Available through all prescription pharmacies. Complete literature to physicians on request.

[1]Human Fertility 10: 25 (Mar.) 1945.

[2]Warner, M. P.: J.A.M.A. 115: 279 (July 27) 1940.

gynecological division

JULIUS SCHMID, INC. 423 W. 55th ST. • NEW YORK 19, N. Y.

quality first since 1883

The word "RAMSES" is a registered trademark of Julius Schmid, Inc.

†Active ingredients: Dodecaethyleneglycol monolaurate 5%; Boric Acid 1%; Alcohol 5%.

Ramses TRADE MARK OF DEPENDABILITY



Are "ills of the spirit" ever subject to somatic therapy?

As every experienced doctor knows, there are times when psychoneurotic symptoms are directly traceable to unsuspected states of physical dysfunction or maladjustment. One of the most frequent of these is the entering phase of the menopause cycle.

Modern Conestron oral therapy almost invariably overcomes estrogenic maladjustment, restores a feeling of well-being, tides a woman through the physical adjustment period with a minimum of physical distress or emotional unbalance.

A new booklet for distribution by the physician. "Through One of Life's Progressive Changes" will help patients and their husbands arrive at better understanding of this natural change.

Conestron®

Orally Active **Well Tolerated**

Natural conjugated estrogens (equine). Two strengths—0.625 mg. and 1.25 mg. Bottles of 100 and 1000 tablets.

WYETH Incorporated Wyeth ®I **Philadelphia 3, Pa.**



not later than 14 days

Investigators* now stress starting *early* with antirachitic measures. An unsurpassed source of natural vitamins A and D, White's Cod Liver Oil concentrate is wholly derived from cod liver oil itself. Palatable, potent, economical: average prophylactic drop dosage for infants costs but a penny a day. Liquid, Tablet and Capsule forms.

White Laboratories, Inc., Newark, New Jersey.

*Bibliography on request



rickets?
at this age?

Even in the 10 to 11 year age group, the incidence of rickets is reported to be high.* Protection throughout adolescence is essential—and youngsters gladly follow directions when the antirachitic tastes as good as White's Cod Liver Oil Concentrate Tablets. Each tablet provides as much vitamin A and D as one teaspoonful of cod liver oil.**

White's Cod Liver Oil Concentrate is wholly derived from time-proved cod liver oil itself. Potent, very palatable, most economical. Liquid, Tablet and Capsule forms.

White Laboratories, Inc., Newark, New Jersey.

*Bibliography on request
**U.S.P. Minimum Standards



MANDELAMINE

Reg. U. S. Pat. Off.
(Methenamine Mandelate)

IS AN ESPECIALLY EFFECTIVE URINARY ANTISEPTIC

Safety, ease of administration, and characteristically prompt action combine to make Mandelamine an especially efficient agent in the treatment of urinary infections in children and in elderly patients.

Freedom from drug toxicity is an important consideration to the busy physicians who is unable to maintain patients under close medical supervision. Mandelamine may be confidently prescribed in therapeutic dosage virtually without consideration of toxic effects. Uncomplicated oral administration of Mandelamine requires no supplementary acidification, restriction of fluid intake, dietary control, or other special measures. Only in those infections due to urea-splitting organisms, may accessory acidification be necessary.

Early control of common urinary infections is the characteristic response to Mandelamine therapy. Disturbing urinary symptoms are usually alleviated rapidly and, in the absence of obstruction, the urine is promptly cleared of organisms in a high percentage of cases.

Mandelamine is supplied in enteric coated tablets of 0.25 Gm. (3¾ grains) each, in packages of 120 tablets sanitaped, and in bottles of 500 and 1000.



NEPERA CHEMICAL CO. INC.
2 Gray Oaks Ave.
Yonkers 2, New York
Please send me literature, and a physician's sample of Mandelamine.

Name.....M.D.

Street.....

City.....State.....

NEPERA CHEMICAL CO. INC.

Manufacturing Chemists Nepera Chemicals **Yonkers 2, New York**

PROMPT HEMOGLOBIN BUILD-UP

plus...

NUTRITIONAL SUPPORT

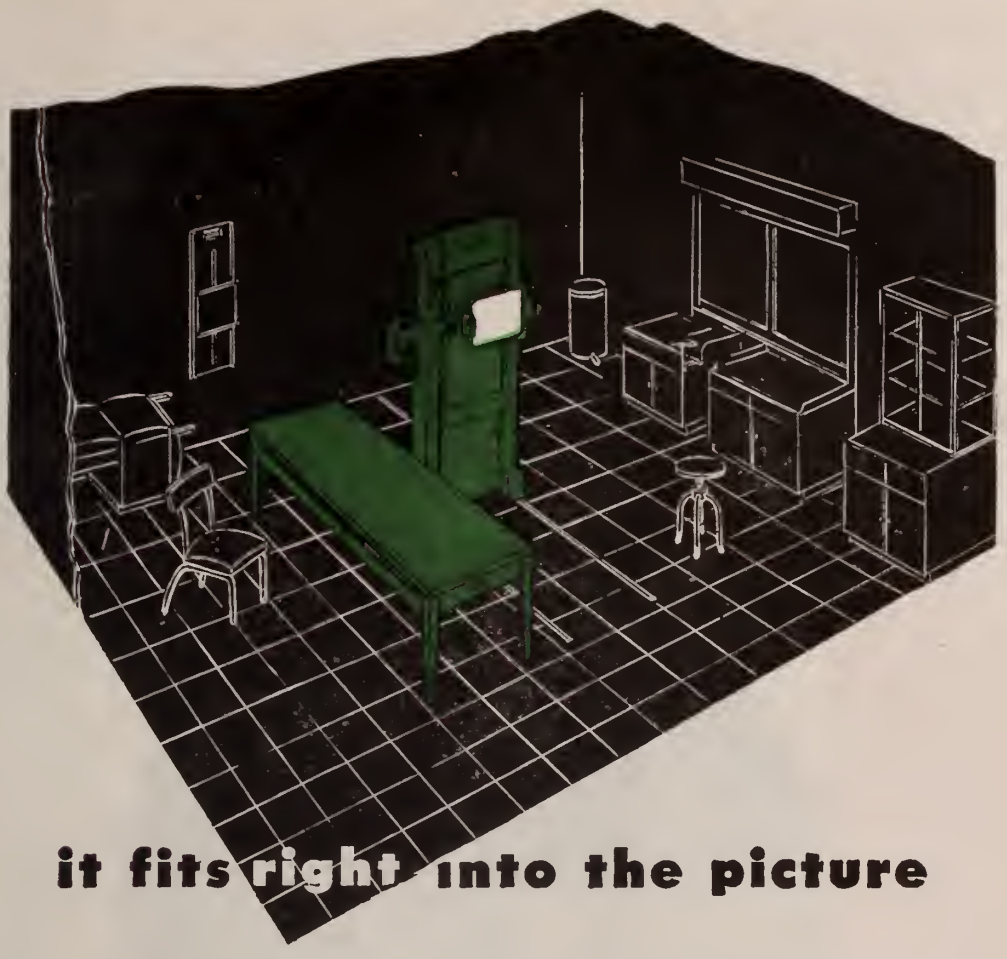


℞

Cytora 'Roche-Organon' is "a hematinic plus"—a complete medication specially-formulated for the prevention and treatment of hypochromic anemia and frequently associated nutritional deficiencies. Each Cytora tablet contains a well-balanced combination of iron, folic acid, liver, vitamin C and five B-complex factors; thus Cytora provides in a single tablet important factors utilized in erythropoiesis plus other dietary essentials so frequently needed by patients with hypochromic anemia and by patients during pregnancy and post-operative convalescence. Cytora is available in bottles of 100, 250, and 1000 tablets. ROCHE-ORGANON INC., Roche Park, Nutley 10, N. J.

CYTORA 'ROCHE-ORGANON'

T.M.—Cytora—Reg. U.S. Pat. Off.



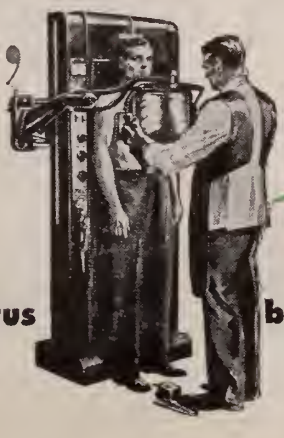
it fits right into the picture

Here's a combination x-ray unit that's exactly right for the doctor's office. It's versatile . . . he can do fluoroscopy and radiography, *both*, with it. It's simple and safe to operate . . . compact, space-conserving, and economical, too. The auxiliary table, equipped with a built-in Bucky diaphragm, does double duty as an office examination and treatment table.

The "Comet" is built to high Picker standards, and backed by alert Picker service. Your local representative will be glad to demonstrate this fine utility x-ray apparatus to you. Picker X-Ray Corporation, 300 Fourth Avenue, New York 10. *Branches and service depots in principal cities.*

the "COMET"

a utility radiographic fluoroscopic x-ray apparatus by Picker



PICKER IN ILLINOIS IS AT 223 W. JACKSON BLVD., CHICAGO 6, *(Wabash 7475)*

SYMBOLS OF SIGNIFICANCE

MAPHARSEN



The dark field spotlights the slender, nimble undulating form of Treponema pallidum to establish a diagnosis of syphilis. The prognosis may be dark if the patient fails to receive adequate therapy.

MAPHARSEN is a dependable arsenical, with years of clinical experience and millions of administered doses testifying to its effectiveness.

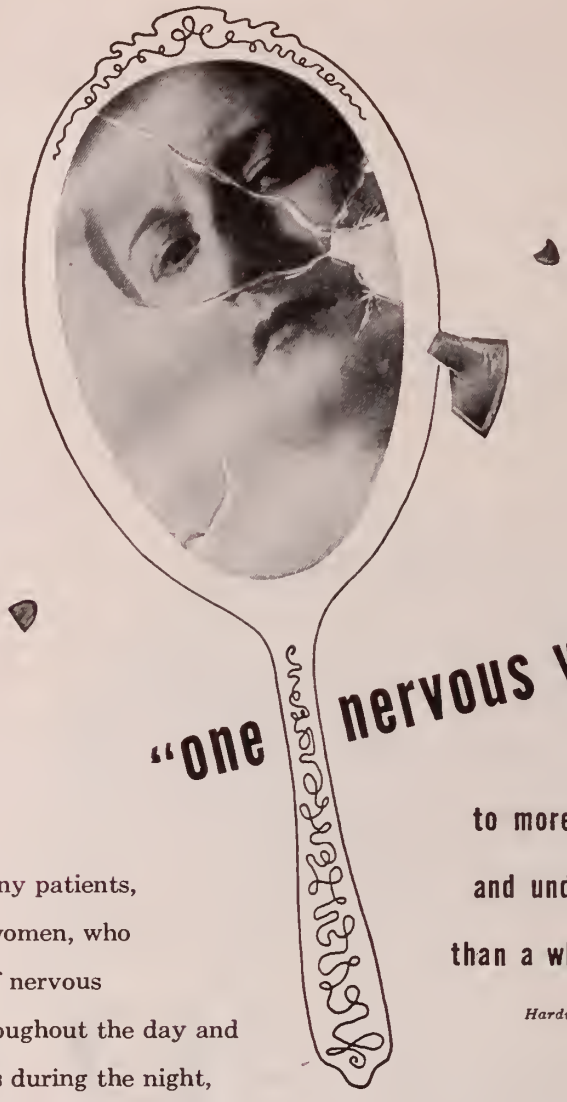
MAPHARSEN is one of a long line of Parke-Davis preparations whose service to the profession created a dependable symbol of significance in medical therapeutics—

MEDICAMENTA VERA.

MAPHARSEN (Oxophenarsine Hydrochloride) in single dose ampoules of 0.04 gm. and 0.06 gm.; boxes of 10 ampoules. Multiple dose, hospital size ampoules of 0.6 gm., in boxes of 10.



PARKE, DAVIS & COMPANY · DETROIT 32, MICHIGAN



"one nervous woman

. . . can give rise to more diverse, undiagnosed and undiagnosable complaints than a whole pathological ward."

Harding, T. S.: M Rec 160:198 (April) 1947

For the many patients, especially women, who complain of nervous tension throughout the day and wakefulness during the night, ESKAPHEN B ELIXIR is an ideal preparation.

Eskaphen B Elixir

For the nervous patient with poor appetite

provides—in delightfully palatable liquid form—both the calming action of phenobarbital and the tone-restoring effect of thiamine.

Smith, Kline & French Laboratories, Philadelphia



There is evidence to indicate that the administration of "Enziflur" Lozenges provides an ideal medium for the controlled administration of fluorine as an aid in the prevention of dental caries. Protection of the teeth may therefore be planned with "Enziflur."

"Enziflur" Lozenges should be allowed to dissolve slowly in the mouth, thus bringing the surfaces of the teeth in contact with the fluorine-bearing saliva for direct adsorptive effect on tooth enamel as a protective barrier against caries.

Descriptive literature outlining indications, dosages and contraindications available to physicians and dentists upon request.

Each "Enziflur" Lozenge provides:

Calcium fluoride	2.0 mg.*
Vitamin C (ascorbic acid)	30.0 mg.
Vitamin D (irradiated ergosterol)	400 U.S.P. Units

*approximately 1mg. fluorine

"Enziflur Lozenges (No. 805) are available in bottles of 30, 100 and 1000.

"ENZIFLUR"® *Lozenges*

AS AN AID IN THE PREVENTION OF DENTAL CARIES

AYERST, McKENNA & HARRISON Limited

22 EAST 40TH STREET, NEW YORK 16, N. Y.

Ayerst

a Palatable *protein hydrolysate*



Aminogran Bristol answers the patient's most frequent objection to the use of oral protein supplements. Within limits defined by the nature of the material itself, Bristol has imparted to the granules a rich, meaty flavor which remains acceptable on prolonged administration.

Aminogran is a balanced combination of free amino acids and polypeptids. It is derived from partially hydrolyzed yeast protein, with 14% added lactalbumin. All of the essential amino acids are present in proportions best suited to optimum utilization, together with natural minerals and B complex vitamins from brewer's yeast.

In addition to 64% protein and 23% carbohydrates, the average daily dose of Aminogran (4 tablespoonfuls—50 grams) provides:

Thiamine Chloride	0.8 mg.
Riboflavin	1.6 mg.
Niacin	8.0 mg.
Calories	168

Tasting sample on request.

SPECIFY **Bristol**

LABORATORIES INC. SYRACUSE, NEW YORK



WHAT PRICE RELIEF?

There is No toll exacted for relief when GELUSIL* Antacid Adsorbent is used in peptic ulcer.

Constipation typical of most alumina-gels is rarely a factor when 'GELUSIL' is the selected therapy. There is usually: *NO INTERRUPTION IN HEALING PROGRESS—NO DELAY IN RECOVERY.*

'GELUSIL' 'WARNER'

'GELUSIL' Antacid Adsorbent is supplied in bottles of 6 and 12 fluidounces.

'GELUSIL' Tablets are supplied for the ambulant ulcer patient; boxes of 50 and 100 tablets, wrapped individually in cellophane for convenience and portability.

WILLIAM R. WARNER & CO., INC.
113 West 18th Street • New York 11, N. Y.

*Trademark Reg. U. S. Pat. Off.



Glycerite of Hydrogen Peroxide ipc
With Carbamide

Clinical studies concerned with the use of Glycerite of Hydrogen Peroxide in the treatment of chronic purulent otitis media demonstrated seventeen of twenty-nine patients in complete remission in 14 days and the remainder by the 38th day. The patients studied presented conditions existent for periods of 2 weeks to over 40 years. Previous treatment by the usual therapeutic means, including tyrothricin or penicillin, was ineffective in all cases.

★ BIBLIOGRAPHY

Arch. Otolaryngol., 43:605, 1946.
E., E., N., & T. Mo., 26:27, 1947.
Laryngoscope, 56:556, 1946.
New Eng. J. Med., 234:468, 1946.
Annals of Allergy, 4:33, 1946.
J. A. Ph., A., (Sc. Ed.) 35:304, 1946.

Literature on request.

Constituents:

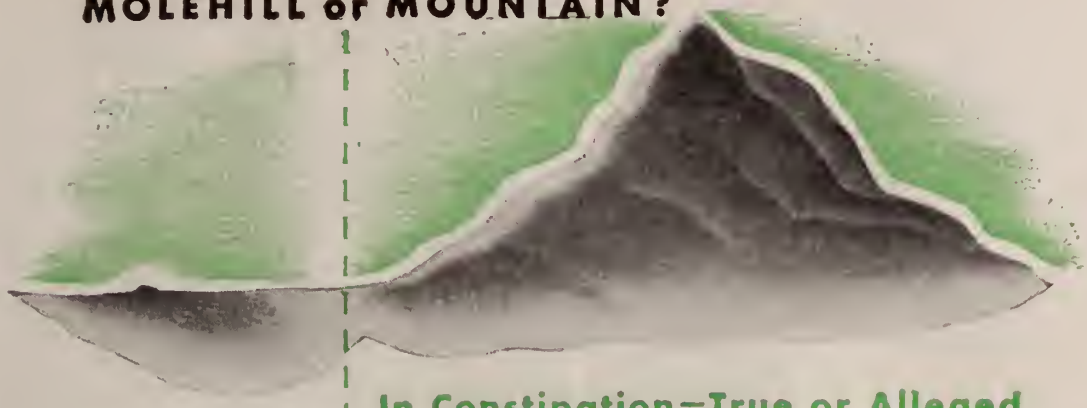
Hydrogen Peroxide 1.446%, Urea (Carbamide) 2.554%, 8-Hydroxyquinoline 0.1%. Dissolved and stabilized in substantially anhydrous glycerol . . . q.s. ad. 30cc.

Available on prescription in one-ounce bottle with dropper.
Administration: One-half dropperful two to four times daily.

International **PHARMACEUTICAL CORPORATION**

132 NEWBURY STREET, BOSTON 16, MASSACHUSETTS

MOLEHILL or MOUNTAIN?



In Constipation—True or Alleged It's MUCILOSE

When the patient who declares himself constipated has made a mountainous problem of over-purgation from a molehill of underlying cause, Mucilose—bland, lubricating bulk—is a valuable adjunct in correcting both the self-imposed laxative habit and the primary intestinal dysfunction.

Ample intestinal bulk is assured by placing the patient on Mucilose—pure, concentrated hemicellulose from psyllium. More efficient... Mucilose absorbs *50 times* its weight of water to form a bland colloidal gel—lubricates the intestinal contents and gently stimulates peristalsis.

For physiologic re-education . . . for more nearly normal evacuation and a regular "habit-time"—*it's Mucilose.*



GREATER BULK from SMALLER DOSE at LOWER COST

Mucilose

IN SPASTIC AND ATONIC CONSTIPATION

Highly purified hemicellulose concentrate, derived from *Plantago loeflingii* . . . available as flakes or granules in 4 oz. bottles and 16 oz. containers.

A trial supply of Mucilose will be sent to you upon request.

Frederick Stearns & Company
Division
DETROIT 31, MICHIGAN
NEW YORK • KANSAS CITY • SAN FRANCISCO • ATLANTA • WINDSOR, ONTARIO
SYDNEY, AUSTRALIA • AUCKLAND, NEW ZEALAND

Trade-Mark Mucilose Reg. U. S. Pat. Off.



FOR BETTER NUTRITIONAL HEALTH IN THE AGED

Impaired strength and poor general health in the aged, which have so erroneously become associated with senility, are in reality often due to no more than a state of subnutrition. Food dislikes, personal idiosyncrasies, masticatory difficulties, and digestive abnormalities are the usual contributing factors. The use of an easily digested, nutritious food supplement can do much in preventing these nutritional deficiencies, and in giving new strength and vigor to patients well advanced in years.

The delicious food drink made by mixing Ovaltine with milk is advantageously employed in augmenting the nutrient intake of the aged. This well rounded dietary supplement imposes no digestive burdens, and provides in generous amounts the very nutrients needed. Because of its low curd tension, it leaves the stomach quickly, and is easily digested. The table indicates its rational nutritional composition. Two or three glassfuls daily bring to full nutritional acceptability even a fair diet.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



Ovaltine

Three servings daily of Ovaltine, each made of ½ oz. of Ovaltine and 8 oz. of whole milk,* provide:

CALORIES	669	VITAMIN A	3000 I.U.
PROTEIN	32.1 Gm.	VITAMIN B_1	1.16 mg.
FAT	31.5 Gm.	RIBOFLAVIN	2.00 mg.
CARBOHYDRATE	64.8 Gm.	NIACIN	6.8 mg.
CALCIUM	1.12 Gm.	VITAMIN C	30.0 mg.
PHOSPHORUS	0.94 Gm.	VITAMIN D	417 I.U.
IRON	12.0 mg.	COPPER	0.50 mg.

*Based on averoge reported values for milk.

November is a Par-Pen month



PAR-PEN provides:

1. Potent antibacterial action
2. Rapid and prolonged vasoconstriction
3. Therapeutically ideal pH
4. Wide margin of safety

Smith, Kline & French Laboratories, Philadelphia

the penicillin-vasoconstrictor combination

Par-Pe



The combination of —

Sulfamerazine *Microcrystalline*..1.5 Gm. (22 gr.)
Sulfadiazine *Microcrystalline*....1.5 Gm. (22 gr.)

is presented in Mer-Diazine. Equal parts of sulfamerazine and sulfadiazine have been found by Flippin et al* to lead "to a markedly decreased incidence of crystalluria compared with that observed when either compound was administered singly . . . The use of sulfonamide mixtures avoids certain disadvantages associated with the administration of sodium bicarbonate . . ."

Liquoid Mer-Diazine —

presents a palatable, homogenized suspension of these two sulfonamides. The microcrystalline form in which the drugs are present assures the most rapid absorption; slow excretion of sulfamerazine makes maintenance of a suitable blood level relatively simple; both sulfas penetrate readily into ascitic, pleural and cerebrospinal fluids.
Liquoid Mer-Diazine provides convenience in administration—particularly useful in pediatrics. Warning: Sulfadiazine and Sulfamerazine may cause toxic reactions.

Available in 4 fl. oz. and pint bottles. Samples on request.

*Flippin, H. F. and Reinhold, J. G.: Ann. Int. Med., 25:433 (Sept.) 1946.

McNEIL
LABORATORIES, INC., PHILADELPHIA 32, PENNSYLVANIA

Table of Contents

VOL. 92, NO. 5
NOVEMBER, 1947

ORIGINAL ARTICLES

Treatment of the Meningitides, *Franklin H. Top, M.D., M.P.H., F.A.C.P.*, Detroit 267

The United States Public Health Service and the Private Practice of Medicine, *Herman E. Hilleboe*, Assistant Surgeon General, Associate Chief, Bureau of State Services, U. S. Public Health Service, Washington, D. C. 272

X-Ray Demonstrable Lesions of the Colon, *Fred Jenner Hodges, M.D.*, Ann Arbor, Michigan .. 279

Carcinoma of the Prostate Gland, *Harry Culver, M.D.*, and *William J. Baker, M.D.*, Chicago .. 282

Temporal Arteritis, With a Report of a Case, *Robert M. Hoyne, M.D.*, Urbana 292

The Management of Thyrotoxicosis, *Frank S. Deneen, M.D.*, Bloomington 296

A Ligature-Carrying Aneurysm Forceps, *Raymond W. McNealy, M.D., Jacob A. Glassman, M.D.*, Chicago 301

An Improved Non-Traumatizing Viscera-Holding Forceps, *Raymond W. McNealy, M.D., Jacob A. Glassman MD.*, Chicago 302

EDITORIALS

Medicine and Law 257
Mid Year Meeting of the A. M. A. 259
In Memoriam, Samuel Edgar Munson, M.D., 1866-1947 259
American College of Surgeons Initiates from Illinois 260
Book Reviews 52

MEDICAL ECONOMICS

"Unnecessary Operations" 261

STATE DEPARTMENT OF PUBLIC HEALTH

Illinois Hospital Construction Program Initiated .. 263

CORRESPONDENCE

Allergists to Meet in St. Louis 266
Urology Award 266
Finns Need Scientific Books 266

PHYSICAL MEDICINE ABSTRACTS 67

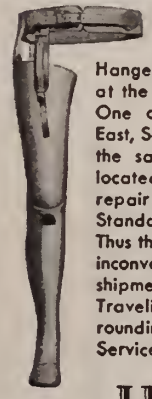
NEWS OF THE STATE

Coming Meetings, Personals, Marriages, Deaths .. 303

HANGER

provides service and repairs

COAST TO COAST



Wherever the Hanger Wearer may live or travel, he can feel assured that his Hanger Artificial Limb will be properly serviced at the nearest Hanger office.

One or more offices in every section—North, East, South, and West—render Hanger Wearers the same high quality service. Conveniently located in many key cities, each offers complete repair facilities and carries a full line of Hanger Standard parts and supplies.

Thus the Hanger Wearer is caused a minimum of inconvenience and discomfort. Long waits for shipments from distant factories are eliminated. Traveling representatives cover many areas surrounding the offices. In such areas, Hanger Service is brought literally to Hanger Wearers.

HANGER ARTIFICIAL LIMBS

527-529 Wells St., Chicago 7, Ill.
1912-14 Olive St., St. Louis 3, Missouri

COOPER CREME

The Original Spermicidal Creme

No Finer Name in Contraceptives. .

ACCEPTED AMERICAN MEDICAL ASSN.

Active ingredients:
Trioxymethylene 0.04% Sodium Oleate 0.67%

Prescribed For Over A Decade

WHITTAKER LABORATORIES, INC.
PEEKSKILL, NEW YORK

Folic Acid... latest Vitamin B

Complex member to prove its worth...



now available in

LICOVITE capsules

The hemopoietic value of Folic Acid has been amply demonstrated by workers of highest repute. The following facts have been established:

1. The administration of synthetic Folic Acid to persons with Addisonian pernicious anemia, nutritional macrocytic anemia, and sprue in relapse is followed by enormous blood regeneration. Strength and vigor return, often followed by a rapid gain in weight. There is an increase in red blood cells and hemoglobin.

2. The hemopoietic response is accompanied by a great improvement in the altered alimentary tract function.

3. The response to treatment with Folic Acid parallels that afforded by potent liver extract.

In addition to Folic Acid, LICOVITE CAPSULES contain Secondary Liver Fraction, Iron, Copper, and Vitamins. (See formula on this page.)

Now available at most druggists, *on your prescription only*.

Each LICOVITE CAPSULE contains:

Folic Acid	2.0 Mg.
Thiamine Hydrochloride	2.0 Mg.
Riboflavin	3.0 Mg.
Niacin Amide	20.0 Mg.
Pyridoxine Hydrochloride	0.2 Mg.
Calcium Pantothenate	1.0 Mg.
Copper	1.0 Mg.
Exsiccated Ferrous Sulphate	2 Gr.
Secondary Liver Fraction	3 Gr.

INTERNATIONAL VITAMIN DIVISION

Ives-Cameron Co., Inc.,

22 East 40th Street, New York 16, N. Y.

Chicago IVC Los Angeles

REG. U. S. PAT. OFF.

International Vitamin Division
Ives-Cameron Co., Inc., Dept. IJ-11
22 East 40th St., New York 16, N. Y.

Please send me a detailed bulletin and samples of Licavite Capsules.

Name.....

Address.....

City.....



Dependable, TIME-TRIED



CHARACTERIZED by high therapeutic index, moderate duration of action, and a relatively wide margin of safety, 'Sodium Amytal' (Sodium Iso-amyl Ethyl Barbiturate, Lilly) is an excellent, time-tried barbituric acid product. It is of definite value in all fields of medicine, including surgery and obstetrics. 'Sodium Amytal' is supplied in a large variety of dosage forms and is available on prescription at leading drug stores everywhere.

ELI LILLY AND COMPANY

INDIANAPOLIS 6, INDIANA, U. S. A.

Any member desiring specific information on any legal subject is urged to submit his questions immediately to the editor of the *Journal*. Questions will be referred to competent authorities, and questions and answers (with names omitted if desired) will be published as a regular feature of the *Journal*.

It is believed that many members will find value in informative question-and-answer type discussions of the numerous and complicated legal problems which continually confront Illinois doctors.

Until the handy codification is published, then, — fire away!

Among the legal items pertaining to medical practice in Illinois which are so far on the list for inclusion in the proposed codification of laws are those relative to:

1. The medical practice act.
2. Reciprocity licensure regulations; reciprocity with other states.
3. Medical aspects under Workmen's Compensation Act in Illinois.
4. Legal limitations on licensure to treat the sick: (a) physicians and surgeons; (b) osteopaths, chiropractors, optometrists, chiropodists, etc; (c) masseurs, midwives, and others receiving some type of license.
5. Narcotic laws.
6. Regulations relative to adoption of children.
7. The Illinois Department of Public Health; duties and responsibilities.
8. The legal aspects of therapeutic abortion.
9. Medical care of the indigent.
10. Medical care program for clients of the Illinois Public Aid Commission. (Old age pensioner, dependent children, and the blind.)
11. Federal regulations governing phases of medical practice.
12. Care of veterans with service connected disabilities; the Illinois Plan as approved by the Veterans Administration.

ILLINOIS STATE MEDICAL SOCIETY

GENERAL OFFICERS, 1947-1948

PRESIDENT.....Irving H. Neece, Decatur
PRESIDENT-ELECT.....Percy E. Hopkins, Chicago
1ST VICE-PRESIDENT....H. Kenneth Scatliff, Chicago
2ND VICE-PRESIDENT.....Walter E. Kittler, Rochelle
SECRETARY-TREASURER....Harold M. Camp, Monmouth

THE COUNCIL

L. J. Hughes.....1st District, Elgin.....1950
H. L. Pettitt.....2nd District, Morrison.....1950
Darwin B. Pond....3rd District, Chicago.....1950
Harry M. Hedge....3rd District, Chicago.....1949
Oscar Hawkinson....3rd District, Oak Park....1948
Wade C. Harker....3rd District, Chicago.....1950
Leo P. A. Sweeney..3rd District, Chicago.....1948
H. Prather Saunders.3rd District, Chicago.....1949
Charles P. Blair....4th District, Monmouth....1949
Ralph P. Peairs....5th District, Normal.....1949
Walter Stevenson....6th District, Quincy.....1948
Charles H. Hulick..7th District, Shelbyville ...1949
Harlan English.....8th District, Danville.....1949
Charles O. Lane 9th District, W. Frankfort.1948
G. C. Otrich.....10th District, Belleville.....1948
Edwin S. Hamilton.11th District, Kankakee.....1950

Everett P. Coleman,
Councilor at large Canton 1949
Robert S. Berghoff,
Councilor at large Chicago 1950
Chairman of the Council Walter Stevenson

ILLINOIS MEDICAL JOURNAL

Harold M. Camp, Monmouth.....Editor
L. E. Malley, Chicago....Managing Editor & Business Mgr.
Harry M. Hedge, Chicago....Chairman, Journal Committee
Harry J. Stewart, Oak Park....Secretary, Journal Committee
Business Office....30 North Michigan Ave., Chicago 2
Editorial Office.....Monmouth, Illinois

GENERAL COUNSEL

Edward W. Rawlins.....77 West Washington St., Chicago

MEDICAL SERVICE & PUBLIC RELATIONS

James H. Hutton, Chairman..30 No. Michigan Ave., Chicago
Mr. John W. Neal, Exec. Sec...30 N. Michigan Ave., Chicago
Mr. J. C. Leary, Pub. Rela. Coun...231 S. LaSalle St., Chi.

PERMANENT HISTORIAN

David J. Davis.....721 Elmwood Ave., Wilmette

MEDICO-LEGAL COMMITTEE

Oscar Hawkinson, Chairman.....1011 Lake St., Oak Park

PERMANENT COMMITTEE ON ARCHIVES

D. D. Monroe, Chairman.....Alton
C. Ellsworth Black, Secretary.....Jacksonville
E. H. Weld.....Rockford
Ex-officio:
David J. Davis, Perm. Historian.721 Elmwood Ave., Wilmette

EDUCATIONAL COMMITTEE

Charles P. Blair, Chairman.....Monmouth
Warren W. Furey, Vice-Chm.....104 S. Michigan, Chicago
Ann Fox, Secretary.....30 N. Michigan Ave., Chicago

SCIENTIFIC SERVICE COMMITTEE

Robert S. Berghoff, Chairman.30 N. Michigan Ave., Chicago
Leo. P. A. Sweeney, Vice-Chm...9715 Winston Ave., Chicago

POST GRADUATE COMMITTEE

Robert S. Berghoff, Chairman.30 N. Michigan Ave., Chicago
Geo. A. Hellmuth, Vice-Chm.....1180 E. 63rd St., Chicago

Outside of editorial or allied views or statements that are the authoritative actions of the Illinois State Medical Society, the organization denies responsibility for opinions and statements published in the ILLINOIS MEDICAL JOURNAL. Views expressed by the various authors and views set forth in various departments in the JOURNAL represent the views of the writers.

State Society will pay no bills for legal services except those contracted by the Committee. Notify the Chairman at once. Do not employ attorneys.

Send advertising copy, and all communications relating to advertising to ILLINOIS MEDICAL JOURNAL, 30 N. Michigan Avenue, Chicago.

Original articles and membership correspondence to Dr. Harold M. Camp, Monmouth, Ill.

Society proceedings and news items and changes in the mailing list to Managing Editor, 30 N. Michigan Ave., Chicago 2, Illinois.

Subscription price of this JOURNAL to persons not members of the Illinois State Medical Society is $3.00 per year, in advance, postage prepaid, for the United States, Cuba, Porto Rico, Philippine Islands, Hawaiian Islands and Mexico. $4.00 per year for all foreign countries included in the postal union. Canada, $3.50. Single current copies, 50 cents. By mail, 60 cents.

13. Functions of coroners in Illinois.

14. Legal status of the illegitimate child.

15. Medical care in hospitals; licensure; staff membership; medical-surgical services rendered in the hospital.

16. Medical care in state hospitals; methods of committing patients, medical care in other institutions operated by the State Department of Public Welfare.

17. Status of physicians in legal proceedings; the physician as a medical and/or, expert witness.

Suggestions for additional topics will be welcomed. The more cooperation your officers receive in this effort, the more complete and valuable the eventual volume will prove.

MID YEAR MEETING OF THE A. M. A.

The mid-year meeting of the House of Delegates of the American Medical Association will be held in Cleveland January 5 and 6. In accordance with actions taken at the Atlantic City Session there will be two days of scientific programs arranged especially for the general practitioner.

In keeping with the usual custom at A. M. A. meetings there will be both scientific and technical exhibits. The meeting will be a four day affair, January 5 through the 8th. The scientific programs are being arranged under the supervision of Dr. Henry R. Viets of Boston, chairman of the Council on Scientific Assembly, and the program will be announced in early issues of the Journal of the A. M. A.

Several subjects have been selected for panel discussions with ample time for group discussions which will make this an unusually interesting session. This arrangement for the Cleveland meeting will be of much interest to the A. M. A. House of Delegates as it will be the first time in many years that the delegates will be privileged to attend scientific meetings. Their work will be accomplished during the first two days of the session, and the third and fourth days will be devoted to scientific programs.

For the first time, during this session the gold medal award will be given to the outstanding general practitioner of this country. This will be of great interest, especially with so many outstanding general practitioners in all parts of the United States. It has been stated that in giving this award primal consideration will be given to the outstanding services that have been rendered to his or her community by the prospective candidates.

With this unusual arrangement for the mid-year session, and the unusual programs and demonstrations which are being arranged for the general practitioner, the meeting should attract thousands of those in general practice from all parts of the country. Illinois, as usual, will no doubt contribute materially to the attendance and also to the lists of speakers and demonstrators scheduled on the various programs.

Physicians desiring hotel accommodations for this meeting should address their letters to The Cleveland Convention and Visitors' Bureau, 511 Terminal Tower, Cleveland 13, Ohio. All reservations for the session must clear through this Bureau. Those desiring to attend the meetings should make reservations as early as possible.

In Memoriam

SAMUEL EDGAR MUNSON, M.D.
1866—1947

Samuel Edgar Munson, M.D., dean of the medical profession in Springfield, died at the Springfield Memorial Hospital Thursday, October 2, 1947. Because he had practiced in Springfield for more than half a century, his passing saddened the hearts of thousands of people in and around the State Capitol city.

Dr. Munson was born August 25, 1866 on a farm near Mechanicsburg, Illinois. Following his graduation at Northwestern University Medical School, Chicago, in 1893, he practiced for a few years at Mount Pulaski. He then opened an office in Springfield where he remained in practice until a few months ago when his declining health forced him into retirement. He had postgraduate work in Vienna and at the University of Gottingen, Germany, as well as at a number of medical centers in the United States.

For a long period of time he was a member of the Council of the Illinois State Medical Society representing the Fifth Councilor District for twelve years until 1937 when he was chosen as President-Elect. He was inducted as President during the 1938 annual meeting held at Spring-

field, presiding at the annual meeting the following year in Rockford.

During his long career as a specialist in internal medicine, Dr. Munson wrote many scientific articles which were published in a number of medical journals. For more than fifty years he was an active member of his County and State Medical Societies, a Fellow of the American Medical Association, Central Illinois District Medical Society, and the Mississippi Valley Medical Society, always participating and contributing to their deliberations.

He was a charter member of the American College of Physicians, and a member of its Board of Governors for a number of years. Dr. Munson was a member of Phi Rho Sigma Fraternity, a member of St. Paul's Lodge A. F. and A. M., Springfield Chapter Royal Arch Masons, Elwood Commandery 6, Knights Templar, of which he was a past Commander, and Springfield Consistory, Scottish Rite. He was a member also of the First Christian Church of Springfield and the Springfield Kiwanis Club.

Dr. Munson served his community faithfully for many years. He invariably was active in all society work, and over a period of approximately seventeen years participated energetically in the affairs of the Illinois State Medical Society, first as Councilor from the Fifth District, then as President-Elect and President, and then for a three year period as Councilor at Large.

During this long period he always had the best interests of both his profession and the people of the state of Illinois.

His many friends throughout the state and elsewhere throughout the nation will join the family of Dr. Munson in their bereavement, realizing that once more a faithful member of the medical profession of Illinois and a loyal worker of this Society has gone to his Eternal Reward.

We have arrived at the point of diminishing returns for efforts expended in the tuberculosis program — that is, we must work harder to be sure of continued reduction in the death rate. Comm. on Tbc., N. H. Med. Soc., N.E. Jour. Med., Sept. 26, 1946.

AMERICAN COLLEGE OF SURGEONS INITIATES FROM ILLINOIS

At the New York 1947 Convocation of the American College of Surgeons, the following Illinois doctors were initiated:—

Charles Allison Kankakee
Paul E. Dee Rockford
Edmund R. Donoghue Chicago
John R. Durburg Chicago
Milton W. Eisenstein Chicago
E. Harold Ennis Springfield
Marvin G. Flannery Chicago
Wayne W. Flora Chicago
Claudius L. Forney Chicago
Robert W. Glenn Canton
Samuel L. Goldberg Chicago
Orville E. Gordon Chicago
John L. Grout Berwyn
Wesley A. Gustafson Chicago
Russell C. Hanselman Oak Park
Myron M. Hipskind Chicago
John W. Huffman Chicago
Harry J. Ireland Peoria
George D. Kaiser Chicago
Joseph H. Kiefer Chicago
Donald D. Kozoll Chicago
Bernard Mortimer Joliet
Frank W. Newell Chicago
Harold V. Norris Jacksonville
James V. Oliver Oak Park
Wesley B. Oliver Belvidere
Frederick M. Owens, Jr. Chicago
Edmund V. Pelletiere Chicago
Laurence W. Peterson Wilmette
Frank J. Piszkiewicz Chicago
Eberhardt H. Quandt Rockford
John R. Robinson Kankakee
Harold A. Roth Chicago
Allan E. Sachs Chicago
Milton M. Scheffler Chicago
Alfred G. Schultz Jacksonville
Maurice F. Snitman Chicago
Carl K. Solander Chicago
Ernest M. Solomon Chicago
Julius L. Spivack Chicago
Donald G. Sullivan Chicago
S. Lloyd Tietelman Chicago
Milton Tinsley Chicago
David H. Wagner Chicago
Henry H. Weathers East St. Louis
John R. Wolff Chicago
(United States Navy)
Captain Otto W. Wickstrom Great Lakes
(United States Public Health Service)
Theodore M. Burkholder Chicago

Medical Economics

The Medical Economics Committee — Chauncey C. Maher, Chmn., 6 North Michigan Avenue, Chicago, Edwin S. Hamilton, V. Thomas Austin, Emmet B. Bay, Jay McDonald Milligan, Jacob M. Mora, George Halperin, Marie Wessels, Thomas C. Browning, Roland R. Cross, Milton E. Bitter, Edwin F. Hirsch, Ford Hick, Lt Col. MC, William J. Bryan, John R. Vonachen.

"UNNECESSARY OPERATIONS"

"Unnecessary Operations" written by Albert Deutsch in the July issue of the Woman's Home Companion does not give the forth-right answer it proclaims to the query about needless surgical operations, because nowhere does he consider why these alleged unnecessary operations were undertaken and implies only that they resulted from mistakes in diagnosis, excess zeal of surgeons, incompetance or mercinary motives, fee soliciting conspiracies or insatiable desire for surgery by the patient. How Albert Deutsch arrived at 9,000,000 as the number of unnecessary operations performed annually would reveal how much of fact and fancy are contained in his claim. To say that in many operating rooms the cloak of surgery covers mayhem or even manslaughter, leaves the same suspicion of fact and fancy, especially when coupled with his statement that the American people in general are blessed with the finest surgical service available anywhere in the world. Does the author mean to say thusly that American surgery is both "moonshine" and legitimate; and if so, who of the public buys which? As with any other commodity, the public soon develops a pretty good idea of where the "moonshine" is being sold. Granted that an operation has been done in good faith and found to be an error, how can a surgeon be blamed when in the best circles of medical opinion the symptoms seem to justify the procedure. Albert Deutsch does not segregate these operations from the 9,000,000 or does he admit that conditions exist in patients which in correction compel the removal of tissues that later appear as normal to the pathologist. The examination of tissues removed surgically is not the function of the clinical pathologist as the article implies, and certification in two fields of specialization such as surgery and clinical pathology is not the practice of the specialty boards.

The medical profession as a group and the surgeons specifically, in this article, are pilloried on the premise that operations are willfully performed by the skilled or the incompetent for monetary purposes, and are indicted by statements, some savoring of the "gossipy" variety, gleaned from a two volume report "American Medicine" published ten years ago by the American Foundation and whose material content probably required an additional one or two years to accumulate, edit, and print. In an attempt to make current the date level of his material, the author opines that the situation regarding unnecessary operations, while somewhat improved in the last decade, remains basically as disgraceful as it was ten years ago. No one informed could believe such generalities.

Probably no professional group is called upon now, not ten or twelve years ago, to spend so much time in years of preparatory training for specialization and certification, than the present generation of physicians. Not only are they chosen from the highest scholastic levels of university graduates before they enter medical schools for their formal training but they are examined also in their emotional adjustments. Then follow the four years of instruction and examination in the medical schools, a year or two in an internship, and after this, three years training in the field chosen for specialization. This long stretch of training is lamented in some circles because of the time involved, but certainly it provides ample opportunity for maturity and

judgment to develop in the prospective practitioner. Those concerned with the supervision of this training schedule are not softhearted. They are men with standards of conduct and demand medical practice among the trainees at the high levels.

The physicians trained according to such a plan are not lone wolves in their practice. Each specialty must be supplemented by close teamwork with all of the others in order to function as an integrated unit in medical practice. These units develop in the group practice of clinics, the staffs of hospitals and other comparable institutions. In these places, especially the hospitals, the work of each specialist is under scrutiny by his confreres, and by the disclosures of his product of medical practice as revealed by the postmortem examination of the bodies of patients who were under his care, and did not survive — and we all know that death comes to each one at some time. But remember, the prospective life span of each individual in this country has been greatly lengthened because of the advances made in medicine.

Advances in the practice of medicine in various fields come by the intelligent use of treatment or prevention found to be good, often by experiments in lower animals. The human organism differs from the lower animals in its reactions, and human individuals vary among themselves in response to disease and to treatment, especially drugs. The so-called trends in medical practice also are to be remembered, such as when certain drugs or procedures are considered good and are used extensively, but later are supplanted or relegated to a much more limited use. If diseases were few and the symptoms manifested by each were always the same, the practice of medicine could be organized like an assembly line, and the finished product would be approximately the same each time. No one, even in lay circles, thinks in such simple patterns.

The multiplicity of diseases and the complexity of their symptoms in the human, tax the diagnostic acumen of practioners with excellent background training and experience. Into this then are projected the disparaging comments on unnecessary operations for lay consumption and the resulting distorted thinking about the medical profession in these circles. True enough, thought must be given in any group of experts, even non medical, as to who is qualified, who has the essence of honesty and straight forwardness in dealing with people. Given all of these qualities of character and professional skill, the doctor is human and will make mistakes — who does not, even the mechanic of your car. Yet the physician must be credited with having tried to do the best he could under the present knowledge of medical practice. Among professional groups, none approaches the medical in striving to maintain a high code of ethics; establishes within itself corrective measures against any evil practices of its members; and offers through many mediums, postgraduate instruction at high levels.

The claim of "unnecessary operations" on patients drifting into various other fields of specialized practice finally to arrive properly in the care of the allergist or the psychiatrist savors strongly of quoting isolated examples, and inflating them to the common place level. Tonsillectomies performed in great numbers ten or fifteen years ago when focal infections as cause of disease were emphasized in medical practice, occur much less frequently today than Albert Deutsch implies.

The nine elements contained in the author's formula for the correction of "unnecessary operations" include those long in practice by the medical profession and others too impractical for application. Certification by the specialty boards, recognition of hospitals by the American College of Surgeons, staff conferences, and consultations are well established functions of medical practice. These and many other educational facilities are continually being improved in quantity and quality. State licensure for surgical practice, full time salary appointments to remove monetary temptations are futile measures and not necessary. The proposal of eliminating fee-splitting is simply restating a principle which the medical profession has long ago proclaimed and which within its organization has potent means for combating.

An element not discussed in "unnecessary operations" is the patient-physician relation in case of an erroneous diagnosis or surgical operation. The first consideration of course, if possible, is the elimination of emotional elements by both. Intelligent discussion with mutual confidence should help to clarify a tense situation. However, does the physician in such problems speak frankly in presenting his case or does he

(*Continued on page 265*)

State Department of Public Health

ILLINOIS HOSPITAL CONSTRUCTION PROGRAM INITIATED

During the past two years much has been said and written concerning the Illinois Statewide Hospital Survey and Plan. While the various expressions concerning this project have been enthusiastic, they have nevertheless been qualified to some extent by the words, "if" and "provided." There was good reason for this because much depended upon the enactment of certain State legislation by the 65th General Assembly and also upon the approval of the Illinois plan by the Federal government.

All of that is now a matter of past record. What was yesterday's vision is reality today. As a result of certain events which occurred during the past three months, a number of Illinois communities that qualify may readily anticipate financial assistance in the construction of much needed hospital facilities. The dates on which these events took place have acquired somewhat of a historical significance. This is due largely to the long range benefits that will come to Illinois citizens as the objective of the plan is fulfilled — to make good hospital care available throughout the entire State, particularly in areas where the greatest need exists.

July 18, 1947 is the first date of importance. On that day Governor Green signed House Bill 284 which enables Illinois to participate in the program authorized by the National Hospital Survey and Construction Act. Specifically, House Bill 284 designates the Department of Public Health as the sole State agency to administer the hospital construction program and also provides for an Advisory Hospital Council to assist the Department in this undertaking.

On *July* 21, 1947 the Governor signed a second bill signifying Illinois' active interest in good hospital care. Senate Bill 662, as it is known, appropriates $4,675,000 to aid public and nonprofit agencies in meeting the costs of hospital construction. This supplements House Bill 315, signed on August 8, which stipulates that projects qualifying for such aid are entitled to any amount up to but not exceeding one-third the construction costs. This State appropriation is in addition to and independent of the 2¾ million dollar Federal funds which Illinois may receive during each of the next five years for aiding local hospital construction.

The next significant date is *August* 8, 1947. Since May 1945 the Department of Public Health, with the assistance of the first Advisory Council on Hospitals under the Chairmanship of Dr. Robert S. Berghoff, was engaged in a survey of Illinois hospital facilities and in developing a plan for establishing a coordinated system of hospitals throughout the State. The report of this project was completed in July 1947. This blueprint for hospital construction envisions adequate hospital facilities within the maximum radius of 31 miles of every resident. Social and economic factors, transportation, morbidity and mortality as well as existing and needed beds are all given consideration in the plan. Based on these factors, the plan incorporates a system of priorities designating the order in which the State's 74 "hospital communities" might qualify for Federal and/or State aid. The priority of need of any given area represents the combined evaluation of five factors: the percentage of acceptable bed needs met, the number of persons receiving public aid per thousand population, the

per capita assessed valuation, the degree of ruralness, and the per capita buying power. This is the plan that was submitted to the Surgeon General of the U. S. Public Health Service in July. On August 8, 1947 he approved the plan thus making Illinois the fifth State to qualify for Federal aid.

Additional events on *August* 8 lend further significance to the day. House Bill 315, already mentioned, and House Bill 993 were then signed by the Governor. The latter requires that hospitals receiving Federal aid must comply with minimum standards for operation and maintenance as promulgated by the Department of Public health with the assistance of the Advisory Hospital Council. The enactment of such a law, prior to July 1,1948, is required of those States participating in the national program.

On *September* 12, 1947, the Advisory Hospital Council, recently appointed by the Governor in accordance with House Bill 284, met for the first time. The new group replaces the Advisory Council on Hospitals appointed in 1945 which has served so well in connection with the Statewide Survey and Plan. At its first meeting on September 12, the Council reviewed the background and present status of the hospital construction program. Various policies and procedures governing the Department's administration of the plan were fully discussed and approved by the group. One can readily appreciate the problems that will arise from time to time in the conduct of a program involving millions of dollars and affecting so vitally the health structure of numerous communities. On such occasions the guidance of the Advisory Hospital Council will undoubtedly prove to be of great value.

On *September* 16, 1947, the most recent of historical interest, the first application for financial assistance was approved by the Director of Public Health and forwarded to the U. S. Public Health Service for final review. This initial action relates to the Good Samaritan Hospital, a general hospital of approximately 100 beds, to be constructed in Mt. Vernon. The estimated cost is $1,164 000 of which $776,000 represents the amount raised by the community. The application for Federal funds is for the remaining one-third construction cost or $388,000.

With completion of the various steps here enumerated, the Illinois hospital construction program appears to be firmly established. This alone, of course, is not sufficient if the full benefits of the project are to be realized. Action on the part of the communities greatly in need of hospital facilities must supplement the accomplishments thus far. Consideration must be given to the area to be served, present as well as future needs, available resources, ability to meet Federal and State requirements, and finally the type and size of hospital best suited to the needs. In these initial stages of planning the Department of Public Health is ready to assist the community in every way practicable.

From that point on the procedure for obtaining State and/or Federal aid is outlined as follows:

1. *Application*:

Formal application for either Federal aid and/or State aid is submitted on prescribed forms to the State Department of Public Health. The amount applied for must equal one-third the construction cost in the case of Federal funds. In the case of State funds, any sum up to but not exceeding one-third may be approved. It is possible for a single project to receive financial assistance from both sources.

2. *Approval*:

Applications for either State or Federal funds must be approved by the State Director of Public Health. Projects receiving such approval must meet these essential requirements

a. be in accord with the Statewide Plan.
b. be among those having the highest priority,
c. be assured of the community's share of construction costs, and
d. be assured of the community's ability to operate and maintain the completed project for a period of two years.

For State aid the Director must certify approved projects to the State Department of Finance who in turn, after approval by the Governor, certifies the grant-in-aid to the State Auditor for payments when due. In the case of Federal funds, the approved applications are submitted to the U. S. Public Health Service for further review and approval.

3. *Payments*:

The sponsors of an approved project will receive the total grant-in-aid, whether it be Federal or State, in three payments according to the following schedule.

a. The first payment is due when 25 per cent of the building is completed.
b. The second payment is made when all plumbing and other mechanical work is substantially finished.
c. The final payment may be anticipated when the hospital begins operation.

4. *Operation*:

In order to insure high standards of operation and maintenance, hospitals receiving Federal aid must comply with minimum standards promulgated by the State Department of Public Health. Since fully a year will pass before any hospital operates under these circumstances, such standards have not as yet been formulated. This is the only job remaining and is already under consideration by the Advisory Hospital Council.

This brief review of events which have established a program of vital importance to Illinois, to be sure, lacks many details. The printed Report of the Statewide Hospital Survey and Plan, however, will soon be available for distribution. Here will be found the wealth of information upon which the program is based. The significant point to be made at this time is that the hospital construction program is now in operation. The period of preparation, requiring two years of effort, is ended. The more important phase, that of implementing the plan, is well begun.

"UNNECESSARY OPERATIONS"
(Continued)

evade rather than meet with honesty a difficult discussion and leave the offended with a wrong conclusion, even with a suspicion of the integrity of the doctor. An unwillingness or fear to meet a client in a fair discussion may do more to antagonize and destroy friendship than a frank comment on the circumstances which seemed to be an error in judgement or treatment.

E. F. H.

TUBERCULOSIS PATIENTS REACT WELL TO PURIFIED STREPTOMYCIN

Four New York doctors report that reactions to highly purified streptomycin on long-continued administration are suffiently low to justify the use of the drug in the treatment of most forms of tuberculosis.

This investigation was conducted under the direction of the National Research Council Committee on Chemotherapeutics and Other Agents, by Drs. Robert F. Farrington, Harriet Hull-Smith, Paul A. Bunn and Walsh McDermott.

Writing in the June 21 issue of *The Journal of the American Medical Association,* the investigators point to four general types of toxic reactions to the drug among 16 tuberculous patients: histamine or allergic reaction in which poison is released by the tissues, characterized by flushing, headache and an abrupt fall in blood pressure; various forms of anaphylaxis or hypersensitivity to the drug; neurologic disturbance with occasional deafness, and kidney damage.

However, in only two of the 16 patients, treated for 120 days, was it necessary to interrupt the administration of the drug, and it was possible to resume treatment eventually in both of these patients.

"On the basis of the present investigation," write the physicians, "it appears that the toxicity of highly purified streptomycin is sufficiently low to justify its long-continued administration to patients with actively progressing tuberculosis and other comparably serious infections. Conversely, it appears that streptomycin should not be employed in the treatment of relatively benign infections, such as recently developed minimal tuberculosis or chronic brucellosis, until the use of the drug can be determined."

Correspondence

ALLERGISTS TO MEET IN ST. LOUIS

The American Academy of Allergy will hold its annual convention at Hotel Jefferson, St. Louis, Missouri, December 15-17 inclusive. All physicians interested in allergic problems are cordially invited to attend the sessions as guests of the Academy without payment of fee. The program, the scientific, and technical exhibits have been arranged to cover a wide variety of conditions where allergic factors may be important. Papers will be presented dealing with the latest methods of diagnosis and treatment as well as the results of investigation and research. Round table conferences will be held on Monday afternoon, December 15, 1947. Advance copies of the program may be obtained by writing to the Chairman on Arrangements, Charles H. Eyermann, M.D., 634 North Grand Boulevard, St. Louis, Missouri.

UROLOGY AWARD

The American Urological Association offers an annual award of $1000.00 (first prize of $500.00, second prize $300.00 and third prize $200.00) for essays on the result of some clinical or laboratory research in Urology. Competition shall be limited to urologists who have been in such specific practice for not more than five years and to residents in urology in recognized hospitals.

The first prize essay will appear on the program of the forthcoming meeting of the American Urological Association, to be held at the Hotel Statler, Boston, Massachusetts, May 17-20, 1948.

For full particulars write the Secretary, Dr. Thomas D. Moore, 899 Madison Avenue, Memphis, Tennessee. Essays must be in his hands before March 1, 1948.

FINNS NEED SCIENTIFIC BOOKS

Finland has an excellent and keenly scientific minded Technical Institute, Teknillinen Korkeakoulu. During the war its library was bombed and totally destroyed.

On my recent trip to Finland for the American Friends Service Committee, I discussed the situation with Dr. Martti Levon, Director of the Institute. He said he would welcome gifts of Scientific and Technical Books and Periodicals from America to take the place of those destroyed. In the remarkable efforts for recovery that the Finns are making the lack of technical library facilities is a very serious handicap. It would be a practical act of friendship to a nation that holds America in high regard if Americans should contribute good technical books and periodicals to this library.

Any such gifts should be marked for the Institute of Technology, Helsinki, and sent to the Legation of Finland, 2144 Wyoming Ave., N.W., Washington, D. C. Dr. K. T. Jutila, the Finnish Minister, will arrange for their being shipped to Finland.

Arthur E. Morgan
Member, American Friends Service Committee
Yellow Springs, Ohio

The health of the people is really the foundation upon which all their happiness and all their powers as a State depend. Disraeli, 1877.

Original Articles

TREATMENT OF THE MENINGITIDES

FRANKLIN H. TOP, M.D., M.P.H., F.A.C.P.
Director, Herman Kiefer Hospital
DETROIT

Before the treatment of the meningitides is discussed, the term meningitis should be defined, its scope envisioned, and the types enumerated. Meningitis is an inflammation of the meninges or coverings of the brain. There are a number of causes for meningeal irritation, but only those resulting from infection will be discussed. Meningeal reaction due to infection may be divided into two groups, the nonsuppurative and suppurative. Nonsuppurative meningitis includes the following conditions: meningismus, localized meningitis, and serous meningitis. Suppurative meningitis may be divided into primary and secondary types.

NONSUPPURATIVE MENINGITIS

Meningismus is a transient meningeal reaction resulting from toxin elaborated by certain organisms pathological to man. The condition is transient, rarely lasting more than eighteen to thirty-six hours, generally appearing before the disease which caused it has been diagnosed. Meningismus may occur in pneumonia, acute otitis media, acute upper respiratory infections, bacillary dysentery, and at the onset of any acute infectious disease where toxemia is particularly manifest. *Localized meningitis* is the result of direct extension of infection from a local process such as mastoiditis or paranasal sinusitis through bone to the meninges. The infection involves only a small portion of the meninges but neurological signs referable to one side of the body may be present. Localized meningitis is now infrequently noted. *Serous meningitis* is a generalized meningeal reaction which is caused by a number of different infections but results in a spinal fluid cell count which is predominantly lymphocytic in character. Such diverse conditions as lymphocytic choriomeningitis, tuberculous meningitis, syphilitic meningitis, and meningitis of undetermined origin are included. *Lymphocytic choriomeningitis* is a virus infection occasionally contracted by man, which is generally mild in character. *Syphilitic meningitis* is a central nervous system complication of late secondary syphilis, the prognosis of which may be grave. *Tuberculous meningitis* is the result of tuberculous infection of both the primary and reinfection type and to the present has been almost invariably fatal.

SUPPURATIVE MENINGITIS

Suppurative meningitis is a meningeal infection caused by pus-producing organisms. The sole primary type of suppurative meningitis is meningococcic meningitis; this suppurative meningeal infection is only occasionally secondary to a visible or hidden primary focus. Secondary meningitis is caused by pus-producing organisms other than the meningococcus, and is usually secondary to some other focus. It may follow septicemia or direct extension from an ear or sinus infection. Many organisms have been implicated but the commonest encountered are pneumococci, Pfeiffer bacilli, Hemolytic streptococci, and staphylococci.

TREATMENT OF NONSUPPURATIVE MENINGITIS

In general, for conditions under this heading, there is no treatment which can be called specific.

Read before General Assembly — Illinois State Medical Society May 14, 1947, Chicago.

except perhaps in the instance of tuberculous or syphilitic meningitis. Treatment of types in this classification is as follows: *Meningismus.* On lumbar puncture the spinal fluid is generally obtained under marked increase in pressure, the patient often exhibits definite relief following this procedure, and the meningeal signs and symptoms are allayed or disappear within a few hours. Further treatment is directed toward the primary disease causing the condition. *Localized Meningitis.* Treatment consists in eliminating the primary infection causing the condition by using sulfonamides or antibiotic drugs and if necessary surgical intervention, as in the instance of a suppurative mastoiditis or other focus amenable to and relieved by drainage. *Serous meningitis.* For lymphocytic choriomeningitis or serous meningitis of undetermined origin there is no specific treatment, sulfonamides and antibiotic drugs appearing to exert no favorable influence on their course. Fortunately the conditions are mild and self-limited. For syphilitic meningitis the use of penicillin is now indicated, but the exact dosage or length of time the patient should be treated has not been definitely determined because relatively few cases have thus far been treated, this condition being uncommonly noted. As formerly, treatment of this condition must proceed with caution. Therefore, small doses of penicillin are used and it should be given intramuscularly and not intrathecally. The schedule of treatment is as follows: With all therapy by the intramuscular route 5,000 Oxford units of penicillin are given at three-hour intervals for two doses, 10,000 Oxford units for two doses, 15,000 Oxford units for two doses, 20,000 Oxford units for two doses, 30,000 Oxford units for two doses, 40,000 Oxford units for two doses, and 50,000 Oxford units thereafter every three hours until a total of six million Oxford units have been administered. *Tuberculous meningitis* has been almost invariably fatal to the present. A few sudfanamides gave promise experimentally in animals, and antibiotics were of no value until streptomycin was found useful in the treatment of experimental tuberculosis in animals. Recent application of this drug to humans has resulted in some reports of recovery. The drug should be given in a dosage of two grams per day intramuscularly, divided into four doses at six-hour intervals, and for the first two weeks 30,000 units should be given intraspinally every other day. Thus far treatment by the intramuscular route has been continued for several months. If treatment is begun before irrationality or coma occurs the prognosis is apparently more favorable.

TREATMENT OF SUPPURATIVE MENINGITIS

Primary or Meningococcic Meningitis. Before the advent of sulfonamides the treatment of meningococcic meningitis was not too satisfactory, and the fatality rate varied from year to year. With low occurrence the fatality rate was likely to be high, but during an outbreak it was variable depending up the position of the experience in the epidemic cycle; during the early part of an epidemic the fatality rate was likely to be higher than at the middle or end. Uni- or polyvalent serum was used with indifferent success. The use of sulfanilamide resulted in a lowered fatality rate but subsequent sulfonamides such as sulfapyridine, sulfathiazole, sulfadiazine, and sulfamerazine have further aided in a decline. Among more than 350 patients treated at Herman Kiefer Hospital in 1945 there was a fatality rate of 6 per cent, and rates below 4 per cent have been reported in military personnel[1,2,3], and even in a civilian population.[4] Such low rates are usually experienced at the end of an epidemic period and are not likely during an endemic year of low incidence or at the beginning of an outbreak. The initial dose of sulfadiazine is six to nine grams for an adult depending upon the severity of the infection, the dose being adjusted for younger ages. Infants need slightly larger doses per unit of body weight than older children and adults. The maintenance dose in adults is one to one and a half grams, and a blood level of 15 to 25 milligrams per cent is desirable. In rational patients who are not nauseated or vomiting, the drug may be administered by mouth. For irrational patients or where otherwise necessary, sulfadiazine may be given as a 1% solution subcutaneously or sodium sulfadiazine may be used in a 5% solution in distilled water intravenously. An adequate intake of fluid is necessary to combat dehydration, the amount varying according to age from 1000 to 3000 cubic centimeters per day to insure proper urinary elimination.

There is still some difference of opinion regarding the use of serum in conjunction with sulfadiazine, but many clinical investigators feel

that it is unnecessary. Sulfadiazine used alone has resulted in fatality rates below 3 per cent among military and civilian populations, and it is not likely that serum as an adjunct would reduce such rates materially. Other sulfonamide drugs can also be used with success. Sulfathiazole, though efficacious, is more toxic than sulfadiazine. Sulfamerazine is probably as good as sulfadiazine in the treatment of meningococcic meningitis or meningococcemia. The initial dose is the same but elimination is slower and the maintenance dose may be given at six-hour intervals. Toxic reactions occur infrequently as with sulfadiazine, but experience with sulfamerazine is as yet limited in comparison with sulfadiazine. Penicillin has been successfully used in treatment but has no advantage over sulfadiazine. When used, the intrathecal route is unnecessary, intramuscular injection giving excellent results in an initial dose of 50,000 Oxford units and in maintenance doses of 30,000 Oxford units administered at intervals of three hours for several days followed by half dosage when symptoms and signs of meningeal reaction decrease. At present the use of sulfadiazine or sulfamerazine is advised for the treatment of meningococcic meningitis with penicillin reserved for cases refractory to these drugs. There appears to be no distinct advantage or necessity for using sulfadiazine and penicillin simultaneously.

A lumbar puncture is performed on admission of the patient to aid in confirming or making the diagnosis. Thereafter, lumbar punctures are not done unless an unexplained temperature rise occurs. It is rarely necessary to relieve cerebrospinal fluid pressure, for the use of hypertonic glucose (20-50% solution) intravenously will generally suffice in the few instances encountered. Repeated lumbar punctures add nothing to the treatment of this disease.

Secondary Meningitis. The prognosis of all common types of secondary meningitis has been improved by the use of chemotherapeutic agents. However, the response varies by type of organism and all do not respond equally well to the same drug or method of treatment. For this reason the principal types will be individually but briefly considered.

Pneumoccic meningitis remains the most difficult to treat, most investigators reporting series with fatality rates in the neighborhood of 50 per cent[5,6,7]. During 1944-45, 51 cases of pneumoccic meningitis were treated at the Herman Kiefer Hospital with a fatality rate of 41. 2 per cent (21 deaths). Among 22 cases treated with sulfadiazine alone there were 11 deaths, giving a fatality rate of 50 per cent. The combined use of sulfadiazine and penicillin in 29 patients during the latter half of the period resulted in nine deaths, with a fatality rate of 31 per cent. Penicillin was used both intramuscularly and intrathecally, but in the latter half of 1945 the intrathecal route was infrequently used. The introduction of any foreign substance in the spinal canal or cerebrospinal fluid system is wont to cause a lengthened convalescence and if this mode of treatment can be omitted, there is less danger of prolonged high cell counts. Sulfadiazine is prescribed in amounts to give a minimal blood level of 15mg.% and penicillin is given intramuscularly, 30,000 to 50,000 Oxford units every three hours. Relapses are common, and treatment must be carried out for at least one week after normal temperature has been present and all symptoms have disappeared. During the latter part of convalescence dosage of penicillin and sulfadiazine should be decreased to one-half that used at the onset but persistence in schedule should not be altered.

Influenzal or Pfeiffer bacillus meningitis is the most common and difficult type to treat in infants and children under the age of two years, except during periods when meningococcic meningitis is prevalent. Sulfonamide drugs, particularly sulfadiazine, has aided materially in treatment, and recoveries are now frequently reported and have occurred in our experience with sulfadiazine alone. However, a better method of treatment is the combined use of sulfadiazine and anti-influenzal rabbit serum as suggested by Alexander[8]. The serum is only of value in cases due to Pfeiffer type B., and Alexander uses serum in amounts gauged according to depression of the spinal fluid sugar as follows:

Spinal Fluid Sugar	*Antibody Nitrogen*
Under 15 mg. per c.c.	100 mg.
15-25 mg. per c.c.	75 mg.
25-40 mg. per c.c.	50 mg.
Over 40 mg. per c.c.	25 mg.

Upon diagnosis of type B. influenzal meningitis, sulfadiazine is administered in amount suffi-

cient to obtain a blood level of 15 mg. per cent. Infants generally need a larger amount of drug per pound of body weight than do older children and adults. The initial dose should always be large in comparison with the maintenance dose when dealing with severe infections. A child weighing approximately thirty pounds should receive 2 grams initially and 0.5 grams every four hours for the first twenty-four hours of treatment. If the blood sulfadiazine level is 12 to 15 mg. per cent then the maintenance dose should be continued at this level for several days until improvement occurs. A daily blood level should be obtained and the dose of drug modified upward or downward dependent upon it. After several hours contact of organisms with the drug, serum is administered according to the above schedule. Alexander[9], using this method of treatment in 75 patients principally under three years of age, had a fatality rate of 24 per cent. During 1944-45, thirty patients with type B. Pfeiffer bacillus meningitis were treated at the Herman Kiefer Hospital. There were four deaths resulting in a fatality rate of 13.3 per cent. All of the patients treated during this period were not given serum and sulfadiazine; some were successfully treated with sulfadiazine alone. The latter method is probably of value only in the milder infections discovered early in the course of disease. In patients under three years of age combined serum-sulfadiazine therapy resulted in three deaths with a fatality rate of 20 per cent. Serum was used in smaller amounts than advocated by Alexander, and her schedule of dosage based on spinal fluid determinations was not followed. At first the intravenous route for administration was used but following the report of Boisvert et al[10] the intramuscular route has been utilized. On an average, each patient received three vials of serum equivalent to 75mg. of antibody nitrogen. No patient received more than five vials. Initially two vials of serum are used and twelve hours later the patient's serum is tested against organisms to determine whether quellung is present. If not, additional serum is given until quellung is noted. Amounts of serum beyond five vials are not too frequently indicated. Lumbar punctures are necessary every second day if there is no improvement or recovery is tardy. Occasionally numerous organisms are found in the spinal fluid even in the presence of low spinal fluid cell counts. One to two centimeters of serum intrathecally is of value given once; usually this condition is present in the third week of convalescence or later. Relapses are common, and sulfadiazine must be continued for at least one week after the temperature has declined and remained normal and all meningeal symptoms have disappeared. Penicillin appears to be of no value in the treatment of H. influenza infections of the meninges.

Streptomycin has been proposed for Gram-negative bacterial infections and in vitro experiments with streptomycin[11] indicate the likely superiority of this drug in comparison with anti-influenzal serum or sulfadiazine. A number of reports[12,13,14,15,16,17,18] have appeared in which streptomycin was used successfully in the treatment of influenzal meningitis; some of the patients had also received sulfadiazine, serum or both. Alexander et al[19] suggest streptomycin therapy alone when the infection is mild or of average severity, but when the infection is severe all three therapeutic agents, antiserum, sulfadiazine, and streptomycin should be used. The dose of streptomycin given is based on weight, approximately 20,000 units per pound of body weight per day being given intramuscularly by continuous intramuscular drip or in divided intramuscularly by continuous drip or in divided intramuscular injections every three hours. The drug has also been given once a day by the intrathecal route in amounts between 25,000 and 50,000 units, depending on the severity of the infection. The intrathecal administration of streptomycin does not appear to be necessary, although further work needs to be carried out.

Streptococcic meningitis is usually the result of extension to the meninges of infection of the temporal bone as the result of middle ear and mastoid disease. It is amenable to the sulfonamides[20], among which sulfadiazine is of greatest value; sulfamerazine and penicillin are also efficacious. In less severe cases, sulfadiazine by mouth or parenterally in dosage sufficient to give a blood level of 15 mg. per cent usually suffices. The initial dose in an adult is six to eight grams and the maintenance dose one to one and a half grams every four hours for a minimum of five days, and decreased amounts of drug as recovery ensues. If there is no response to sulfadiazine, sulfamerazine may be used. If the

organism is recovered and improvement is slow or does not follow, drug resistance of the organism should be tested if this is feasible. Lacking such facilities or if the organism is resistant, penicillin should be substituted. In severe cases or those which respond poorly to the sulfonamides, penicillin is of value in intramuscular doses of 30,000 Oxford units every three hours, preceded by an initial dose of 50,000 Oxford units. The prognosis is good, the fatality rate in adequately treated cases varying between 10 and 25 percent. This is a distinct improvement compared with pre-sulfonamide days.

Staphylococcic meningitis results from meningeal seeding of staphylococci in the septicemic state following a local staphylococcic infection of skin or mucous membrane or occasionally following an upper respiratory infection. Sulfathiazole is the sulfonamide of choice, but used alone has not been too effective. Penicillin appears to be better than sulfathiazole, but together they are more formidable. Sulfathiazole blood levels of 8-12 mg. are desirable, while penicillin should be given in an initial dose of 50,000 Oxford units followed by 30,000 Oxford units every three hours. Multiple small transfusions are also of value and aid in localizing the infection. Staphylococcic meningitis is generally only a part of a staphylococcic septicemia, and treatment must be directed toward septicemia and its complications. Long-continued treatment with chemotherapeutic agents is usually necessary, careful search for evidence of localization must be made, and subsequent surgical treatment carried out where indicated. Treatment with sulfathiazole, penicillin or both should be continued for at least one week after cessation of temperature elevation and one or the other drug profitably used another week or two at lower dosage levels. Sulfadiazine may be substituted for sulfathiazole and is favored by some clinicians.

Other types of secondary meningitis less frequently encountered are difficult to assess with relation to success in treatment with chemotherapeutic agents. Too few cases have been treated to stipulate the drug of choice. In general, sulfonamide drugs and penicillin are of most value in treatment of Gram-positive organism infections and of little value in treatment of diseases caused by Gram-negative organisms. Streptomycin has appeared promising in the treatment of experimental Gram-negative infections but to date has not been remarkable in human infections. Until such time as better chemotherapeutic or antibiotic agents are found, the use of multiple small transfusions is still an excellent arrow in the therapeutic quiver when dealing with severe acute infections of unknown etiology or those due to organisms uncommonly encountered.

SUMMARY

Meningitis is readily divided into the nonsuppurative and suppurative groups. In the former there is a wide range in severity and clinical manifestations, varying between the mildest meningeal reaction, meningismus, to the invariable severe and often fatal tuberculous meningitis. Except for promising therapy in tuberculous and syphilitic meningitis, little has been added in recent years to the treatment of this group. In the suppuratibe group, however, sulfonamide and antibiotic therapy has resulted in marked changes in the fatality rates of both primary and secondary clinical types. In the primary or meningococcic type sulfadiazine or sulfamerazine is the drug of choice, with penicillin second choice. In the secondary group the following sulfonamides or antibiotics are currently used: pneumococcic meningitis, penicillin and sulfadiazine; streptococcic meningitis, sulfadiazine or penicillin; staphylococcic meningitis, penicillin and sulfathiazole; Pfeiffer bacillus meningitis, sulfadiazine, anti-influenzal serum, and streptomycin. For the remainder of the suppurative group organisms less frequently encountered, Gram-positive organisms, sulfadiazine and/or penicillin; Gram-negative organisms, try streptomycin.

REFERENCES

1. Daniels, W. B., Solomon, S., and Jaquette, W. A., Jr.: Meningococcic Infection in Soldiers. J.A.M.A. **123**: 1, Sept. 4, 1943.
2. Thomas, H. M., Jr.: Meningococcic Meningitis and Septicemia. J.A.M.A. **123**: 264, Oct. 2, 1943.
3. Marangoni, B. A., and D'Agati, V. C.: Treatment of 134 Cases of Meningococcic Infection with Massive Doses of Sulfadiazine. Am. J. Med. Sci. **207**: 67, Jan. 1944.
4. Applebaum, E., and Nelson, J.: Sulfadiazine and its Sodium Compound in Treatment of Meningococcic Meningitis and Meningococcemia. Am. J. Med. Sci. **207**: 492, Apr. 1944.
5. Hartmann, A. F., Love, F. M., Wolff, D., and Kendall, B. S.: Diagnosis and Management of Severe Infections in Infants and Children: A Review of Experiences Since the Introduction of Sulfonamide Therapy. IV. Pneumonoccus Meningitis. J. Pediat. **27**: 115, Aug. 1945.
6. Hodes, H. L., Smith, M. H. D., and Ickes, H. J.: Sixty Cases of Pneumococcic Meningitis Treated with Sulfonamides. J.A.M.A. **121**: 1334, Apr. 24, 1943.

7. Dowling, H. F., Dauer, C. C., Feldman, H. A., and Hartman, C. R.: Pneumococcic Meningitis, Study of Seventy-two Cases. New England J. Med. 226: 1015, June 25, 1942.
8. Alexander, H. E.: Treatment of Type B. Hemophilus Influenzae Meningitis. J. Pediat. 25: 517, Dec. 1944.
9. Alexander, H. E., and Leidy, G.: Experimental Investigation as a Basis for Treatment of Type B. Hemophilus Influenzae Meningitis in Infants and Children. J. Pediat. 23: 640, Dec. 1943.
10. Boisvert, P., Fonsek, M. D., and Grosvenor, A. B.: Intramuscular Administration of Anti-Influenzae, Type B, Rabbit Serum. J.A.M.A. 124, 220, Jan. 22, 1944.
11. Alexander, H. E., and Leidy, G.: Influence of Streptomycin on Type B. Hemophilus Influenzae. Science 104: 101, Aug. 2, 1946.
12. Butler, L. J., Yow, M .D., and Reinhart, J. B.: Meningitis Due to Hemophilus Influenzae: Report of a Case Treated with Sulfadiazine, Streptomycin, and Antiserum, with Recovery. N. Carolina Med. J. 7: 8, Jan. 1946.
13. Palma, J.: Hemophilus Influenzae Meningitis with Recovery. Report of a Case Treated with Streptomycin. Proc. Staff Meeting, Honolulu Clin. 12: 173, June, 1946.
14. Birmingham, J. R., Kaye, R., and Smith, M. H.: Streptomycin in the Treatment of Influenzal Meningitis. J. Pediat. 29: 1, July, 1946.
15. Nussbaum, S., Goodman, S., Robinson, C., and Ray, L.: Influenzal Meningitis: Report of Three Cases Treated with Streptomycin and Sulfadiazine. J. Pediat. 29: 14, July, 1946.
16. Weinstein, L.: The Treatment of Meningitis Due to Hemophilus Influenzae with Streptomycin: A Report of Nine Cases. New England J. Med. 235: 101, July 25, 1946.
17. Alexander, H. E.: Streptomycin in Pediatrics. J. Pediat. 29: 192, Aug. 1946.
18. Logan, G. B., and Herrell, W. E.: Streptomycin in the Treatment of Influenzal Meningitis of Children. Proc. Staff Meet. Mayo Clin. 21: 393, Oct. 16, 1946.
19. Alexander, H. E., Leidy, G., Rake, G., and Donovick, R.: Hemophilus Influenzae Meningitis Treated with Streptomycin. J.A.M.A. 132: 434, Oct. 26, 1946.
20. Hartmann, A. F., Wolff, D., Love, F. M., and Kendall, B. S.: Diagnosis and Management of Severe Infections in Infants and Children. A Review of Experience Since the Introduction of Sulfonamide Therapy. II. Hemolytic Streptococcal Meningitis. J. Pediat. 21: 591, Nov. 1942.

THE UNITED STATES PUBLIC HEALTH SERVICE AND THE PRIVATE PRACTICE OF MEDICINE

Herman E. Hilleboe, Assistant Surgeon General, Associate Chief, Bureau of State Service, U. S. Public Health Service
WASHINGTON, D. C.

This is a transition year, a time particularly appropriate for such a meeting as this, a time to evaluate our public health and medical achievements, analyze our present and future problems, and chart our plans for meeting them.

During the war, we centered full attention on health problems growing out of mobilization, troop movements and concentrations, war production, and combat. Yet, despite the pressure of the time, we managed to hold our own on the civilian health front just about as well as we did on the military. Reasons for this are not accidental. The constructive efforts of the past 25 years paid top dividends. Wartime increases which might have been expected in venereal disease, in malaria, and in tuberculosis mortality did not occur.

Between wars, we had greatly extended our network of State, county, and city health organizations and strengthened our defenses in many specialized fields. We were constantly applying new techniques in disease prevention and control. Our basic health structure, while still far from complete, had attained workable proportions. And though during the war many of its units were forced to operate with skeleton staffs, and though urgently needed funds and materials were not available, it was this basic structure which made it possible for us to hold the line.

In some respects, indeed, we did more than hold the line. In certain fields we made really significant advances. Though many of these have been in activities closely related to the war effort, their significance is by no means limited to needs peculiar to national emergency; they rank as major achievements towards peacetime objectives as well.

One notable step forward is represented by the tremendous progress in the field of industrial hygiene. Although acceleration of this activity was in part war-inspired, it has nevertheless contributed lasting results. Never before had industry been faced with so urgent a need to maintain the productivity of its labor force at maximum levels; and never before had anyone seen such widespread use of the progressive techniques of industrial hygiene. During World War I, for every billion pounds of TNT produced in ordnance plants, 230 munitions workers died of TNT poisoning. During the recent war, that 230 dropped to 5. Similar examples of vastly improved health conservation in industry could be cited many times over. American labor has become accustomed to the benefits of a sound program of industrial hygiene, and management has learned that such a program sends morale up and operating costs down. Today, the demands for consultation service from Public Health Service industrial hygiene units far exceed our resources.

Oration in Medicine — Illinois State Medical Society, Chicago, May 14, 1947.

But State and local activities are increasing, and steps are being taken to help provide more service in the smaller plants where programs are still weak, but where the majority of the nation's industrial workers are employed.

We can take pride in the progress made in controlling malaria during the war. By using DDT along with traditional measures, it has been possible to achieve satisfactory control even in dangerous areas. Thus, despite unprecedented population movements and heavy concentrations in regions where malaria is endemic, the downward trend of infections in the United States during the last ten years has steadily continued. Techniques developed for use in the neighborhood of war installations are now being applied to the permanent reservoirs of malaria. Areas which have long suffered from the economic consequences of endemic malaria are given, by these new weapons, a new hope.

Venereal disease control is another field in which the cooperative efforts of private physicians and public health agencies have been notably fruitful. In this regard, particular praise should be extended to Selective Service and its medical leadership. It took substantial courage to agree, especially before Pearl Harbor, on a policy of serological screening of all inductees, particularly in view of what appeared to be, at the time, insurmountable administrative complications. Throughout the war, adjacent civil and military jurisdictions cooperated fully. In the period of demobilization, there has been systematic reporting and follow-up of infected dischargees. The lessons of this war will not be lost, as they were to such a great extent after the first World War, — to quote Surgeon General Thomas Parran, "Congress apparently believed that the spirochete had been left behind in the trenches." Before the second World War, we really had an active control program in operation, and it will continue forcefully to function.

The most striking progress in venereal disease control has been made in therapy, with the development of rapid treatment methods for both syphilis and gonorrhea. The network of rapid treatment facilities, established by the Public Health Service as an emergency measure, is now being taken over by the States for permanent peacetime use. We have also gained much experience in case holding, in contact investigation, and in mass case finding on a scale considered visionary only a few years ago. The means are at hand for the most destructive assault on venereal disease as a public health problem. We must continue to apply these means with the same energy and teamwork which were so evident during the war.

Today, as we re-dedicate ourselves to the tasks of peace, we find about us, on all sides, an awakened interest in the broad development of public health and medical care. Such an interest is doubtless the consequence of a new and keen awareness of our national health shortcomings, such as those revealed by Selective Service examinations. In addition, recent advances in therapy have given impetus to our hope of eventual triumph over many diseases.

The war gave millions of Americans their first experience in a comprehensive program of preventive medicine and medical care. Millions are now returned to civilian life with a determination to secure for themselves and their families services of a quality and scope which they enjoyed while in uniform. Indeed, we must expect, as a result of the disciplines of war, an awakened social conscience among the people and an increasing demand for more medical and public health services.

As a result of these influences, the transition from war to peace has witnessed the final emergence of the people's health as a national political issue. Last year, for the first time, a broad national health program was made the subject of a presidential message to Congress. The proposals in this message composed a comprehensive plan for improving our health services and extending their benefits to every citizen of the nation. They called for attacks on all the principal obstacles to the improvement of our national health — the need for research, the shortages and uneven distribution of personnel and facilities, and the economic barriers which prevent so many from obtaining the full benefits of modern medicine. The issues have been brought out for public inspection; and while there has been vigorous debate over the means to be adopted, there has been substantial agreement on the need for a solution to each of these basic problems. The sorting out of the best plan to remove the economic block between the recipient and the donor of medical care, and equitably to distribute high-quality

service to everyone who needs it, will require the best brains that organized medicine and public health can muster. Joint study of this problem by our professional colleagues and leading statesmen in Congress can lead to a workable plan to meet our needs.

The last session of Congress saw unprecedented legislative activity in the field of health. Well over one hundred bills were introduced, concerning almost every conceivable aspect of health, with sponsorship from all sections of the country.

One of the most important measures enacted was the Hospital Survey and Construction Act, creating the framework for a nation-wide system of hospitals and health centers which are basic in providing adequate health services to all the people. As the name of the Act implies, the program is divided into two distinct phases. The first calls for State-wide surveys of hospitals and related health facilities, and for the preparation of long-range plans to provide for all the people in each State adequate physical facilities for health. The second phase calls for a construction program of over-all objectives in order of need. This is a grant-in-aid program, delegating the major share of responsibility to the individual State. The communities maintain and operate the hospitals; medical care is given by qualified practitioners of medicine. The Federal Government exercises no control over advice under this Act.

Another advance of particular importance to the private practice of medicine is the recently enacted Mental Health Act expressing a policy that is as far-reaching as the problem itself. There is one feature of this Act which represents a departure from previous Federal policy. It is the first example of permanent Federal legislation to provide grants-in-aid for medical education. Funds will be made available to educational institutions to train psychiatrists, psychiatric nurses, psychiatric social workers, psychologists, and other professional personnel needed to expand and to apply our knowledge of this most grievous problem. Funds also will be available to provide individual fellowships for research and for training; to build and support a National Mental Health Institute; to give grants-in-aid to scientific institutions for research projects designed to elucidate any phase of this problem — even to support mental research institutes here and abroad.

Our insight into mental diseases, and their interrelationships with the physical being, is primitive. Our present knowledge, historically, is comparable with our knowledge of infectious disease before the time of Pasteur.

There is this difference. This nation for the first time by Congressional mandate has authorized a national — even a world-wide — research effort.

One feature common to many legislative proposals in the field of health is the recognition of the value of research. It has always been easier to obtain funds for applying what we already know than for extending the area of our knowledge. Now, however, the popular imagination has been stirred by the results of war research, notably the atomic bomb development, and there is widespread desire to turn these same energies into constructive rather than destructive channels. Regular appropriations for research have been increased. Psychiatric research is a conspicuous feature of the new mental health program. There were bills for research on special problems, including one for dental research which passed the Senate, but did not reach the House before adjournment. There are various proposals to establish a national science foundation for the promotion of research in all, or nearly all, the scientific disciplines. At the upper extreme there is now before Congress a plan to mobilize against cancer on a scale as vast as that of the atomic bomb project. Now, private and public cancer research programs have unprecedented public support, and it is our responsibility to act decisively, to activate all our resources to avoid unnecessary duplication and move forward to the inevitable defeat of cancer. Indeed, it is plain that we are entering a new era of public sponsorship of research.

At this point I should like to discuss the research program of the Public Health Service, its impact upon the national health, and its interrelationship with the common objectives of physicians everywhere.

The National Institute of Health, which is the outgrowth of the old Hygienic Laboratory, has contributed substantially and continuously since its inception — a half century ago — to the terra firma of proven facts about diseases, though a

vast sea of ignorance surrounds that firm ground and many areas are uncharted. Time permits a mention only of a few accomplishments.

Among the pioneers, J. J. Kinyoun made the first bacteriological diagnosis of cholera in the Western Hemisphere, and first recognized the presence of plague here. Henry R. Carter first described the intrinsic incubation period of yellow fever which was credited by Walter Reed with giving him the lead for his historic work in proving mosquito transmission.

Many of you, of course, are familiar with the work of that scientist of great stature, Joseph Goldberger, whose discovery of the association of pellagra with diet was one of the pioneer contributions to the study of nutrition and of one form of mental illness. By using dogs in his experiments he discovered that "black tongue" in them and pellagra in human beings were identical nutritional deficiencies.

Our Alice Evans first identified brucellosis, determined that it and Malta fever were identical and proved that this infection and Bang's disease in cattle were caused by the same organism. The huge program of the Department of Agriculture to clean up infected herds is based mainly upon her discovery.

The studies by Edward Francis contributed practically all of our knowledge of tularemia — bacteriological, epidemiological and clinical.

Stiles was the first to discover and describe hookworm disease on this Continent.

That typhus fever was transmitted by rat fleas — instead of by body lice alone — was discovered by Dyer, now Director of our National Institute of Health, whose work on Q fever also is outstanding.

That the ground squirrel and other sylvatic rodents were hosts to bubonic plague was discovered by Rucker in 1909; disinfection of ships and buildings by hydrocyanic acid was developed by R. H. Creel and C. L. Williams.

Charles Armstrong first isolated the causative virus of epidemic encephalitis, first transmitted the poliomyclitis virus to the cotton rat and discovered the virus of a new disease — lympatic choriomeningitis.

An effective vaccine against Rocky Mountain spotted fever was contributed by R. R. Spencer and his co-workers — the first vaccine against any rickettsial disease. This was followed later by the development of a vaccine against typhus fever by Cox which was used with such success by our armed forces in the war. This vaccine was further improved by Topping who also developed a hyperimmune rabbit serum for the treatment of Rocky Mountain spotted fever, the first therapeutic agent for this disease.

Sebrell and Butler identified ariboflavinosis, a nutritional deficiency, and established a specific treatment for it Dean and co-workers demonstrated the relation of fluorides in drinking water to the incidence of dental caries, and by adding fluorine to certain municipal water supplies are testing its effect upon dental caries in whole population groups. Contributions by Hardy and Watt to the knowledge of dysentery were invaluable during the war.

Mahoney at our Staten Island Laboratory was the first to prove the effectiveness of penicillin in the treatment of syphilis. Eagle has synthesized and demonstrated in Africa the effectiveness of a new drug, P-arsenosophenyl-butyric acid, in the cure of human trypanosomiasis in its early stages. Doctors at the Public Health Service Hospital at Carville, Louisiana, using other new drugs — promin, diasone, and prominzole — in the treatment of patients are recording the first apparently complete cures in the thousands of years of struggle against leprosy.

Wartime cooperative research in which the Institute took a leading part was the synthesizing and testing on animals of more than 12,000 potential antimalarial drugs. One of these, chloroquine, is considered superior to quinine or atabrine in suppressing malarial attacks, while another, pentaquine, is highly effective experimentally in preventing the customary long series of relapses. Hollis and his group demonstrated the effectiveness of DDT in the eradication of malaria in civilian communities.

Palmer's studies on histoplasmin sensitivity have shown that tuberculosis is not the only cause of pulmonary calcification. Morgan's development of the photo-timer has made roentgenography a practical public health tool. Marshak recently discovered a new antibiotic which is of value in tuberculosis in guinea pigs.

At the National Cancer Institute in 1940, Lorenz and Stewart first produced experimental

gastro-intestinal cancer in animals. Three years later their co-worker, Earle, first transformed normal mamalian cells — grown in test tubes as tissue cultures — into cancer cells that would invade and kill animals of the same strain from which the cells originally came. Other research accomplishments in the National Cancer Institute have shown that

(a) There is no single cause of cancer and the conditions that bring about cancer in one organ or tissue may bear no relationship whatever to the conditions which bring on cancer in another organ or tissue.

(b) Certain chemical compounds are specific in their cause of cancer in selected tissues of the body.

(c) Continued exposure to sunlight will cause skin cancer in individuals with sensitive skins.

(d) Enzyme content and patterns of normal cells and cancer cells are different. This information may lead to development of simple diagnostic tests and simple means of treatment of cancer with chemicals.

(e) Living cancer cells can be created in the test tube as a result of treatment of normal cells with chemicals, showing conclusively that the change from "normal" to "cancer" can occur within the cell itself.

(f) The "milk factor" which causes cancer in mice acts in ways similar to other known infectious materials and animals can be protected from the effect of this infectious material, which is probably a virus, by administration of an anti-serum.

(g) Pulmonary tumors in animals are governed by genetic factors.

(h) There is an experimental method for causing the type of stomach cancer which kills one out of five men dying from cancer.

(i) The "acid phosphatase" test as a diagnostic test for cancer of the prostate is specific.

(j) The transparent window is an ideal device for use in study of reaction of normal and cancer cells in living animals.

(k) A polysaccharide made from certain bacteria is active as a treatment for cancer. Work continues on this and on other substances which show promise of therapeutic value. In fact, a large scale interdisciplinary approach in chemotherapy to the cancer problem offers hope of developing a cancer cure or cures.

(l) A nation-wide study of gastric cancer has been developed through teamwork of many scientists, bringing to bear upon this major cause of cancer deaths a wide range of scientific disciplines. As a result, our ability to diagnose gastric cancer in its earlier stages has been substantially improved.

Recent studies in antibiotics and vaccination give us the hope that soon we will have effective additional aids in the prevention and treatment of tuberculosis. Controlled experiments with streptomycin and its effects on pulmonary tuberculosis are going forward. The drug is under government allocation, and the supply is available equitably to producers and primary distributors. Through grants of money to private associations, institutions, and groups, the U. S. Public Health Service assists in the progress of streptomycin research. Clinical trials indicate that streptomycin exerts a suppressive action in certain types of tuberculosis, and its cautious use is advocated in the following forms of tuberculosis Tuberculosis of the larynx, trachea, and bronchi; tuberculosis of the skin; draining tuberculosis sinuses; tuberculosis meningitis; military tuberculosis; and in some cases of clinically active pulmonary tuberculosis that are not too far advanced and that are not responsive to bed rest or collapse therapy.

Vaccination against tuberculosis with BCG is not new in the history of medicine, for work with this vaccine has been prominently active since Calmette and Guerin announced their non-virulent strain of bovine tubercle bacilli in 1920. Only in the last few years, however, have American researchers proceeded to controlled experiments in the United States. Vaccination of American Indians by scientists of the Office of Indian Affairs and the U.S. Public Health Service; vaccination of school children by the U.S. Public Health Service in Columbus, Georgia; the vaccination programs in Chicago and New York are producing results of great interest to all physicians. The evidence gathered here, in Denmark, and in South America shows that BCG is harmless and that the vaccine gives considerable, though not absolute, protection for tuberculin negative reactors. Its use is strongly

indicated in heavily infected areas, such as general hospitals, and among underprivileged groups of the population, where there is little hope of protection against intense exposure.

These and many other contributions to medical knowledge emphasize the advantages of bringing together the full measure of public health action and the work of the private practitioner in the alleviation of the suffering of mankind.

I think that I may best make clear to you the functions of the Public Health Service as they relate to the private practice of medicine if I describe briefly a field with which I am most familiar—tuberculosis control.

Spearheaded by the Public Health Service Act, tuberculosis control was made a Federal health responsibility in 1944. Recognizing tuberculosis as one of the major public health problems that hitherto had been ignored in national health policy, Congress authorized a nation-wide program of Federal aid and cooperation on a scale comparable only to that already in effect for the control of venereal disease. And though wartime conditions hampered its development, Federal contral action set a record of great progress in its first two years of operation. More than 700 small-film photo-fluorographic units are now in use by official and voluntary agencies throughout the country; successful mass surveys of urban populations have been carried out; and mobile units have helped solve the problem of mass case finding in rural areas. More and more, hospitals are adopting small-film chest X-ray as a routine admission procedure, and increasing numbers of schools, industrial plants, and other groups are undertaking periodic surveys. Modern case-finding techniques should make it possible to survey the majority of the adult population of the United States within the next five years. At the same time, increased attention is being given to the need for additional bed space, for adequate rehabilitation, and for a solution to the economic problems arising from this chronic disease. With the limitations of wartime behind us, we have every reason to expect truly dramatic results from this program in the years ahead.

Tuberculosis presents at once a challenge and an opportunity to the general practitioner. Thousands of persons who have tuberculosis go to private physicians for other illnesses, and no official agency ever sees them. Although the physician deals directly with the source material of tuberculosis, he often does not recognize the early stages of the disease, because he does not constantly search for tuberculosis with the tools at his command.

Too often it is assumed that the control of tuberculosis is solely the health department's domain of action. This is not true, nor can it ever be true, so long as men practice the ancient art of medicine. The family doctor in the city, and the village doctor who covers the whole countryside from his office over the drug store, know the people, have their trust, and guide their physical destinies. The educational pamphlets of a hundred organizations cannot have the enduring effect nor the permeating persuasiveness of the doctor's personal word. Tuberculosis is so deeply a personal disease that news of its tragic onset or advance can be more calmly accepted when its source is the family doctor and not a stranger from a distant agency.

Participation by the private physician in the control of tuberculosis need be no trouble in terms of time or technique. There are many ways in which the private physician can contribute his talents as a professional man and his influence as a community leader in any integrated program of control. The routine use of the intracutaneous tuberculin test on every person who visits the physician's office should be a fundamental routine. Reactors to tuberculin should then have chest X-ray films made and interpreted by physicians with special training in chest diseases. The general practitioner can get expert help from sanatorium physicians, chest specialists, and radiologists in his area on all routine chest films. Regularity of such conferences with more highly specialized colleagues will provide many opportunities to develop skills in the interpretation of films. Local health departments and tuberculosis associations can make special consultants available for indigent patients.

When pulmonary abnormalities are discovered on X-ray films, careful clinical and laboratory studies are essential before final diagnosis can be made. General practitioners may find helpful counsel in the "Guide for the Disposition of Persons with Abnormal Pulmonary Findings on X-

ray Films," which was published in the December 6, 1946 issue of Public Health Reports. This Guide should be of particular assistance to general physicians on whom is usually placed much of the burden of follow-up activities.

It has been estimated that nearly four percent of all persons who visit physicians' offices are coughing or expectorating. The alert physician will insist upon a sputum examination of all such patients. Such practice will be rewarded by the discovery of tubercle bacilli in two to four out of every 100 specimens examined. The country doctor will often be astonished to discover that a patient with slowly resolving pneumonia has an acid-fast reason for prolonged convalescence.

In less populous areas the general practitioner is required to carry on case finding and follow-up almost single-handed. He must give advice and encourage his patients and their families. Indeed, it is at this time that the practical philosophy of the private practitioner is of great moment—at the height of that crisis which occurs upon the announcement of tuberculosis. It is at this time that the general practitioner can bring all his talents into play. He is aware of the whole person. He knows the patient's background, habits, aspirations, and desires. He does not think of his patient merely as a pair of lungs; he thinks of a man of spirit as well as of body who for a time has come, through tuberculosis, upon disaster.

Health agencies, private and governmental, have demonstrated the effectiveness of mass radiography as a case-finding procedure. Thousands of cases of tuberculosis, the discovery of which would have been delayed, have been brought to light by this new method. However, it is known that the majority of these cases are being discovered in metropolitan areas. Because of distance, inaccessibility, or local reluctance, the rural areas of our country have not yet realized the benefits of organized case finding. It is here that the general practitioner can serve in eradicating tuberculosis.

Through the utilization of modern methods of case finding, the rural physician can extend the frontiers of medicine. Those physicians who have not had actual experience in these new techniques should be provided with opportunities for training by the county medical society, the health department, or the tuberculosis association. Postgraduate training and continuation study should also be provided, so that practitioners who are removed from centers of medical knowledge may take advantage of the latest information. By means of such training, the case-finding and medical supervision of ambulatory patients of the general practitioner can be integrated with the programs of official and private agencies. The private physician has a vital part to play in the campaign against tuberculosis, and the success of the whole movement may well be determined by the efforts and leadership of general practitioners.

In our country we have been showing increasing concern with problems of international health. During the war, we had the opportunity and responsibility of carrying our share of the burden of relief and rehabilitation in war-torn areas. In none of UNRRA's activities did the United States make a greater contribution, in relation to her resources, than in the field of health. At one time 300 commissioned officers of the Public Health Service were on loan to UNRRA. This participation has helped arouse our interest in world problems. We have also become sharply aware that disease, as well as commerce, can take advantage of the speed of modern transportation, and that national boundary lines offer little or no protection.

This development in our attitude has paralleled, also, our growing sense of membership in the community of nations. Today, we find the United States taking a leading role in building a world health organization. Our concepts are largely embodied in its constitution. We were host to the convention which drew up and adopted that constitution, and our delegate, the Surgeon General of the Public Health Service, was elected its presiding officer. Our ratification is implied in earlier action of the Senate, which adopted a resolution calling for the establishment of such an organization. With membership in this new body, our country will enter into full participation in world health activities. We shall join our fellow nations, not merely in erecting barriers against disease, but in actively promoting better

health conditions throughout the world.[1]

In the peacetime future there are many urgent problems. A fundamental one will be the further expansion of our basic public health machinery, particularly State and local health services. Gratifying progress was being made before the war — when, for example, full-time county health departments doubled in number in a period of ten years. This expansion was interrupted, however, and we are now finding difficulty merely in filling positions left vacant during the war. Trained personnel are simply not available to provide services now being demanded; and, worst of all, we do not have facilities to train them in sufficient numbers. Recruitment and training will be a basic problem for some time.

Some of the remaining tasks will require only hard work for their solution. Some must await the results of a greatly intensified research program. But through all of our special problems runs another which must ultimately be solved before we can raise our national health to the level which medical science has placed within our reach. Soon we must find a workable plan to make medical care available to the entire population, the kind of medical care you doctors want for your own families.

All of these things matter and should be of almost equal concern to private practitioners and public health officials. If the war has taught us anything, it is that the increasing complexities of modern warfare make the private and public elements of our national life almost completely interdependent. It is reasonable to assume that, under any circumstances, a framework of even greater interdependence will determine future patterns of our national security. The dividing line between public health activities and the private practice of medicine is almost indistinguishable. For these reasons the medical groups of our nation should constantly be studying their mutual problems, considering their needs from an over-all national point of view rather than in the light of individual or traditional interests.

If we are to meet our obligations adequately, many of our common problems must be solved. Among these, a fundamental one is that of personnel. No organization can be stronger than the people who man and direct it. The challenging problem to all of us is to make of government service in medicine and related fields a career to which the best minds in these fields will aspire. The conditions necessary for the fulfillment of this objective are well known. They include competitive rates of pay, reasonable rates of promotion; and above all, they include professional opportunities sufficient to provide a constant stimulus and incentive.

These are areas in which the Illinois State Medical Society has continuing opportunities for service. By devoting its skills, experience and prestige to the fields of knowledge which I have described, it will make a contribution of first importance to the health of our whole population. This must be done in the full realization that a strong and healthy citizenry is the keystone in the arch of national security.

1. In July 1947 the United States Senate approved a joint resolution which recommends the participation of the United States in the World Health Organization. Approval of this resolution will be sought of the House of Representatives during the Eighty-first Congress.

X-RAY DEMONSTRABLE LESIONS OF THE COLON

FRED JENNER HODGES, M.D.
ANN ARBOR, MICHIGAN

There are a few diagnostic procedures belonging to the repertoire of the radiologist which can compete with the x-ray examination of the large intestine in the matter of providing highly accurate and otherwise unavailable factual information for referring physicians. In view of the fact that symptoms for which the colon is held responsible are so frequently reported by patients, and considering the virtual impossibility of evaluating the true status of this part of the intestinal tract by any other method, it seems strange that radiologists are not called upon with far greater frequency than is the case to examine the colon during and after the introduction of an opaque enema. Preparation for this type of examination consists merely of thorough colonic cleansing by means of castor oil administration and omission of breakfast the following morning. The examination itself, in-

Delivered before the General Assembly of the Illinois State Medical Society at its 107th annual meeting, May 14, 1947, at Chicago.

cluding both the fluoroscopic and filming phases, requires no more than twenty minutes even when the routine procedure is followed by the preparation of stereoscopic films after air inflation. The unpleasant ordeal which many patients anticipate is largely a myth.

After a quick fluoroscopic survey of the well prepared abdomen, and a glance at the diaphram and thorax, the observer is ready to watch the column of opaque fluid introduced by way of an indwelling enema nozzle. From rectum to cecum, the various segments of the entire large intestine are viewed as the column progresses to the ileocecal junction. Fluoroscopic control permits the observer to make use of whatever devices may prove necessary to bring each and every part of the colon into clear view. To this end, the patient is rolled from side to side so that the advancing head of the barium column may be kept in sight. The rate of inflow is altered to suit individual conditions and the examiner makes use of externally applied pressure to hasten filling or to displace overlaying parts or test the flexibility of the gut walls. In nearly every instance it is possible to express enough of the opaque enema into the terminal small bowel to provide an opportunity to observe the status of this part of the intestinal tract. Roentgenograms showing the appearance of the colon when fully filled and when voluntary evacuation has removed the bulk of the enema are quickly obtained. Whenever the examiner feels that information to be obtained by the employment of the double contrast method may be desirable, a second insertion of the enema tip and the introduction of sufficient air to inflate the gut lumen is carried out under fluoroscopic control, and the abdomen is filmed with stereoscopic technique in whatever position will provide the clearest view of the segment or segments which require this type of study.

The indications for x-ray examination of the colon by means of the barium enema are numerous and varied. It may be said that the procedure is in order in the case of any patient whose medical history suggests intra-abdominal abnormality. Alterations in the normal position and contour of the colon constitute a helpful means of discovering and perhaps identifying extra-alimentary lesions. Anomalies of the large intestine may prove to be annoying to the surgeon if unknown at the time of laparotomy. Obvious or vague changes in bowel habits may be shown to reflect the existance of primary organic lesions of the colon or to be unassociated with disease of this sort. The source of observed bleeding from the large bowel may be recognized and identified with considerable certainty. Fistulous tracts, known or unrecognized by other methods, may be demonstrated graphically. In the case of bowel obstruction producing abdominal distention and the inflation of gut loops, the identity of the gas-filled portions of the bowel seen in scout films of the abdomen can be determined safely and well by the simple means of colonic examination. In fact, whenever accurate and detailed information concerning the status of the large intestine is called for examination by means of the barium enema is indicated. Because of the ubiquitous character of many colonic neoplasms, x-ray examination should be used widely in cancer detection clinics even when leading symptoms and signs are lacking.

Valid cantraindictions to x-ray examination of the colon are virtually non-existent. Certainly it should not be used following direct colonic surgery until healing has taken place for fear of leakage at suture lines, and any situation which renders the patient too sick to be moved to the x-ray quarters will prevent its employment.

It should be pointed out that attempts to replace direct diagnostic attack by protracted observations following the feeding of barium by mouth invites errors of omission as well as poorly substantiated and oftentimes misleading diagnoses of organic colonic disease. Actually there is little or no saving in time or annoyance to the patient when this plan is followed, and in many instances the barium enema method is far safer. Partially obstructing lesions of the colon may become completely obstructing when clogged with partially desiccated barium, whereas they can be quickly and surely recognized with entire safety if the barium is introduced below the lesion. In all instances where such lesions are suspected barium feeding should not be attempted until after colonical examination and then only with great caution.

X-ray examination of the colon calls for alertness, diligence, and wide experience on the part of the radiologist. It is not a procedure which will produce accurate results if performed haphazardly and perfunctorily. It is hard and exacting work, punctuated by occasional rewards in the form of brilliant diagnostic achievements. Postgraduate students of radiology while being trained in this particular field are wont to begrudge the frequent occasions upon which spectacular findings are not forthcoming. The frequency with which perfectly normal findings are encountered, even in the face of highly suggestive clinical indications of colonical disease, is discouraging to beginners. As young men progress in their training program, the very great value of a wide and varied experience in dealing with colons, normal and abnormal, becomes apparent to them because the normal colon is by no means a highly standardized structure and thorough familiarity with its variations and whims of behavior is essential if the observer is to be trusted in the matter of detecting significant defects.

In the five year period between July 1, 1937 and June 30, 1942, 10,703 patients were subjected to x-ray examination of the colon at the University Hospital according to the tabulated records of the Department of Roentgenology. One per cent of this group were reexamined before final opinion was rendered. Of the entire group, all of whom were referred to the x-ray department because of some abnormalty of the large intestine was either suspected or considered to be a possibility, 78% were found to have no recognizable lesion of the colon.

In 8 per cent of the patient group some one of a great miscellany of situations was disclosed, as for example, post-operative change, anomaly, displacement by some abdominal mass, hernia involving colon, foreign body within the lumen, or fistulous communication with other structures. No one of the miscellaneous conditions included in this grouping occurs sufficiently frequently to warrant separate listing, although they are important findings when considered individually.

Diverticulosis, with or without associated inflammation, is a common finding on x-ray examination. It is encountered with greatest frequency in the mid sigmoid segment of the colon, but may be seen along the descending and distal transverse portions as well and with far less frequency in the right colon. In the five year group under consideration divertieula were observed and recorded in 7 per cent.

Intrinsic inflammatory disease of the large intestine, the various forms of colitis, whether of specific and known or unrecognized etiology, carries great significance for the individual affected and its recognition is, therefore, of great importance to his physician. By no means does every patient who complains of severe diarrhea with blood or mucus in his stools suffer from recognizable organic colitis. Some form of organic colitis was present and recognizable on the basis of anatomical alterations in 2 per cent of the five year group.

Colonic neoplasm, admittedly a lesion of first rank clinical importance, was demonstrated unequivocally in 3 per cent of the patients who submitted to x-ray examination of the colon, a yield averaging 68 for each of the five years included.

The remaining 2 per cent of the patients examined presented inescapable x-ray signs of intrinsic organic disease involving the colon in which the differentiation between primary neoplasm, secondary invasion by neoplasm, or some form of inflammatory lesion could not be determined by this form of investigation. The discovery of organic colonic disease was of itself a real achievement not to be discounted because final identification was impossible. All of these people were at once considered to be candidates for surgical exploration.

Considering all intrinsic organic lesions in the inflammatory and neoplastic category to be the diagnostic findings of greatest importance, it appears that one may expect 7 per cent of all patients who are examined by the barium enema method to fall into this group if any considerable number of colon examinations are carried out on the basis of indications which are considered to be valid at the University Hospital. When one considers that this means that one lesion of this sort will come to light for every twelve patients examined, the wisdom of employing colonic x-ray examination frequently and widely becomes apparent.

SUMMARY

X-ray examination of the colon by the barium enema method is a practicable and valuable diagnostic procedure which deserves wide application.

A great number of patients so examined, approximately three-fourths, will be found to have no demonstrable colonic lesion.

When x-ray examination of the colon is used widely, both in the face of leading symptoms and on suspicion, one may expect to encounter important intrinsic organic lesions in the order of once for every twelve patients investigated.

CARCINOMA OF THE PROSTATE GLAND

HARRY CULVER, M.D.,
AND WILLIAM J. BAKER, M.D.,
CHICAGO

Carcinoma of the prostate gland is found in approximately 5 percent of all men who reach the age of 60 years. Some pathologists state that cancer is found in approximately 20 per cent of prostates which are removed for benign hyperplasia. It can be said that 20 to 30 per cent of all men who complain of prostatism, will, in the final anaylsis, be found to have cancer of the prostate gland. This incidence is alarming and requires earlier and earlier diagnosis if these unfortunate men are to have the benefit of curative procedures.

A clinical discussion of cancer of the prostate gland places the patients into two distinct groups. Group 1 includes those patients who have no urinary symptoms but in whom rectal examination reveals a suspicious infiltration or a small nodule. The number of patients in this group is very small. Group 2 embraces the large number of patients in whom there may be urinary symptoms and an infiltrated, irregularly enlarged, hard prostate gland with or without metastatic pain, or clinical evidence of metastases.

Our greatest curative hope lies in that group of men whose early diagnosis depends on routine rectal examination by physicians who are doing periodic physical examinations. One cannot emphasize too strongly the importance of the family physician, or the internist, in this picture of early diagnosis of cancer of the prostate gland. There may be found a very small nodule in either lateral prostatic lobe, or more likely in the region of the posterior prostatic lobe or lamella; this latter region is most easily palpated by rectum and embraces the region between the verumontanum and the external urethral sphincter. If a suspicious area is detected by rectal examination, usually in the absence of symptoms, it is indicated to hospitalize the individual, make a perineal exposure of the questionable area, excise a portion of the nodule or infiltrated area for frozen section study and do a radical perineal prostatectomy if cancer cells are found. If no cancer cells are found, revision of the vesical neck can be done, if indicated. Sometimes there are no obstructive symptoms and the perineal wound is closed.

Biopsy of tissue from these suspicious areas has been attempted by needle aspiration through the perineum, but the results have not warranted general and exclusive use of the method. Pathologists have found it impossible to offer a conclusive opinion from the small bits of tissue often recovered for study. A definite positive finding is the only finding of value.

Mr. H. H. F., age 64, was examined by a diagnostician in May 1942 because of shortness of breath; routine rectal examination revealed a small hard nodule in the right lateral prostatic area adjacent to the posterior lobe and probably incorporated within it. He had experienced nocturia two or three times for the past ten years. His general physical condition was excellent. Blood studies and chemistry figures revealed nothing significant. Roentgen studies of the lower spine and pelvis revealed no metastatic lesions. Observation cystoscopy revealed a moderate-sized glandular median prostatic bar. The nodule of the right lateral prostatic area could be an area of chronic prostatitis, a calculus or an early malignancy. There was no finding of prostatic calculi by roentgen ray.

Tissue from the indurated area of the right lateral prostatic area, obtained by perineal exposure and studied in a frozen section, revealed cancerous changes. A radical perineal prostato-vesiculectomy was done. The patient made an uneventful recovery. He is now in his 5th post-operative year and is in good health. Rectal examination reveals a flat, soft and non-tender prostatic bed. The histological report of the indurated area was as follows: These tissues have a background of smooth muscle and fibrous stroma. Along one side are medium sized and larger prostate

Harry Culver, M.D.: Associate Professor of Urology, Northwestern University Medical School; Senior Attending Urologist, St. Luke's Hospital; Attending Urologist, Cook County Hospital.

William J. Baker, M.D.: Assistant Professor of Urology, Northwestern University Medical School; Senior Attending Urologist, St. Luke's Hospital; Attending Urologist, Cook County Hospital.



Figure 1. Small carcinoma of the prostate gland.

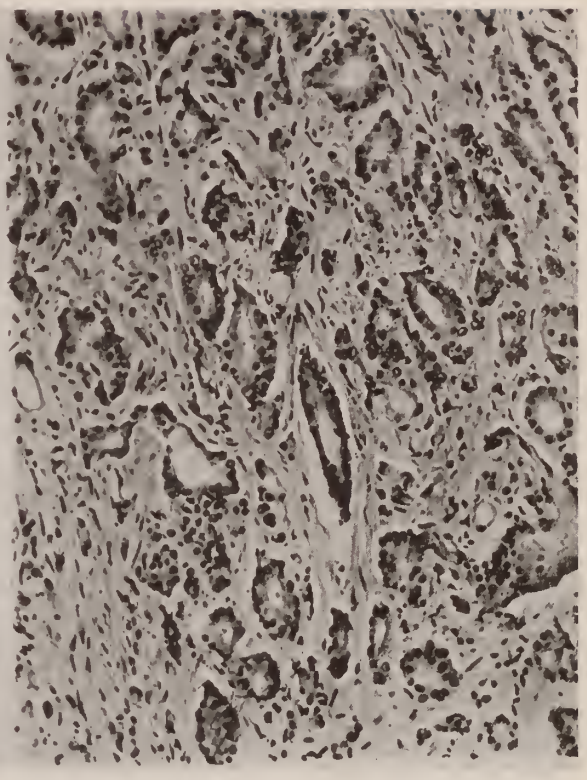


Figure 2. Carcinoma of the prostate gland, in which there is much scar tissue extensively ingrown by masses of compressed glandular epithelium.

gland acini with columnar lining cells. Forming most of the tissues are smaller tubules. Some of the small tubules with columnar cells are without an orderly structure. They extend as small cords into the stroma tissues. There are several medium or large acini with a hyperplasia of the lining cells into the lumen. The tissue pattern deviates considerably from that usually seen with glandular hyperplasia. The small tubules and compressed cords seem to have grown into the supporting stroma. This is a small carcinoma of the prostate gland. See Figure 1.

Mr. C. B. C., age 67, presented himself 4th October 1941 with complaints of nocturia 2 to 3 times and a day frequency of 8 to 10 times; both symptoms had been present for the past four years. He had had enuresis until the age of 25. He has noticed recently that when he has to void he has considerable pain in the glands penis which disappears if he does not urinate. He has no difficulty in starting his stream but in recent months he has had some dribbling after urination. There has been no weight change or loss of appetite. The general physical inventory revealed no significant findings except for blood pressure of systolic 192, diastolic 90. Rectal examination disclosed a grade 3 symmetrically enlarged benigh prostate gland; in the midline, slightly to the right and about the middle of the gland, there was a hard nodule about 1cm. in diameter. The seminal vesicles were not palpable. There were seven ounces of residual urine. No evidences of bone changes were found. The blood studies were normal.

The nodule in the right mid-portion of the median prostatic groove was an indication for perinal exposure. No biopsy was made. The left lateral prostatic lobe was easily enucleated. The right lateral prostatic lobe was adherent to the prostatic capsule; The right lobe and the adherent portion of the prostatic capsule were excised together with the seminal vesicle. The right portion of the capsule was left in stiu.

The removed prostate gland weighed 57 grams. On surfaces made by cutting, it had porous gray-yellow regions of glandular hyperplasia that ranged up to 2 cms in diameter. There were scattered foci of necrosis. The portions with glandular hyperplasia comprised about 80 percent of the surfaces. The second mass of tissue was firm. It contained tissues of a seminal vesicle but not a great deal from the prostate gland. Microscopically, there was much scar tissue extensively ingrown by masses of compressed glandular epithelium. These epithelial structures were in small tubules. There were also some masses of epithelial cells in mosaics. At some levels, the epithelium exceded considerably the stroma. This is a carcinoma of the prostate gland. See Figure 2.

This patient was operated over five years ago and is in good physical condition.

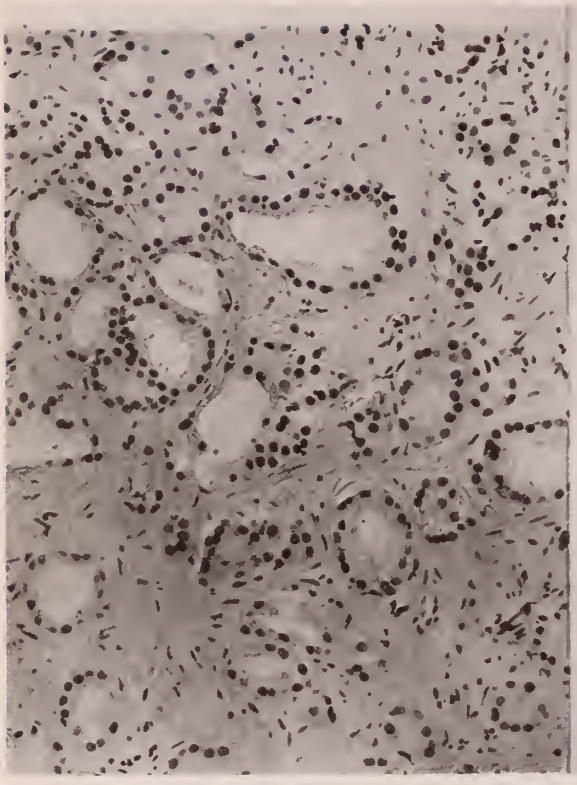


Figure 3. Glandular carcinoma of the prostate gland. The basic stroma of fibrous tissue contains many irregular gland structures.

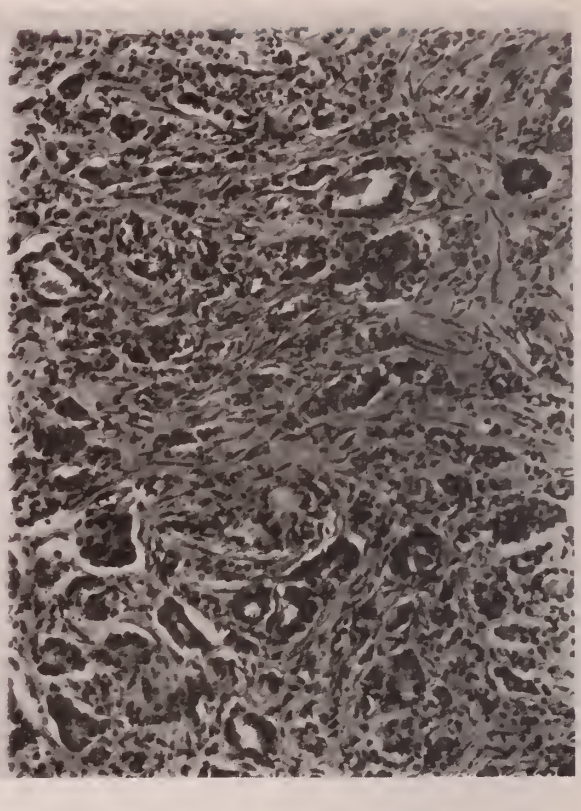


Figure 4. Carcinoma of the prostate gland. There are ingrown masses of glandular epithelium or atypical epithelial cells in cords and aggregates held in a fibrous or fibroplastic stroma.

Mr. C. H. S., age 64, was admitted to the hospital 21st January 1943. He complained of a slowing urinary stream which had been noticeable for the past six months. Examination revealed a normal-sized movable prostate gland with a firm and tender nodule ½ cm in diameter near the midline in the region of the posterior lamella. His general physical condition was excellent. The blood studies and chemistry values were all normal. There was no residual urine. Perineal exposure permitted a frozen section study of the infiltrated area and cancer cells were found. A radical prostato-vesiculectomy was done. Convalescence was normal. Histological study of the removed prostatic tissue showed a basic stroma of fibrous tissue in which were many irregular gland structures. There was no invasion of either seminal vesicle by cancer. This was called a glandular carcinoma of the left lobe of the prostate gland. See Figure 3.

It is now almost four years since this patient was operated and recent examination disclosed no evidence of any pathology in the prostatic region.

Mr. R. F., age 60, was admitted to the hospital 28th October 1944. He had experienced nocturia one to two times for the past six months and felt that he had not been emptying his bladder completely for the past three months. His general physical condition seemed good. There had been no weight loss or any kind of pain. Rectal examination disclosed a hard nodule about 1 cm in diameter near the lateral edge of the right prostatic lobe; the remainder of the gland was symmetrically enlarged, grade 2, movable, smooth but quite firm. There was one ounce of residual urine. The renal function was excellent. Blood studies were all normal, including the chemistry values. Roentgen studies of the bony pelvis and lumbar spine revealed no pathology. Perineal exposure was done; a portion of the hard area along the lateral border of the right prostatic lobe was removed for frozen section study; cancer cells were found. A radical prostato-vesiculectomy was done. The entire prostate and trigone were excised up to the interureteric ridge. The removed right lobe was hard and fibrous. Surfaces made by cutting these tissues were firm, grey and mottled yellow, without the usual spongy quality of glandular hyperplasia of the basic prostate. Histologically, these tissues have basic prostate gland tissues with acini and stroma but also ingrown masses of glandular epithelium or atypical epithelial cells in cords and aggregates held in a fibrous or fibroplastic stroma. There is a marked overgrowth of the glandular elements in the many histological preparations of these tissues. A notable feature is the invasion of large nerve trunks by the tumor cells. Some dilated lymph channels are filled with masses of tumor tissue and fibrin. Some of the

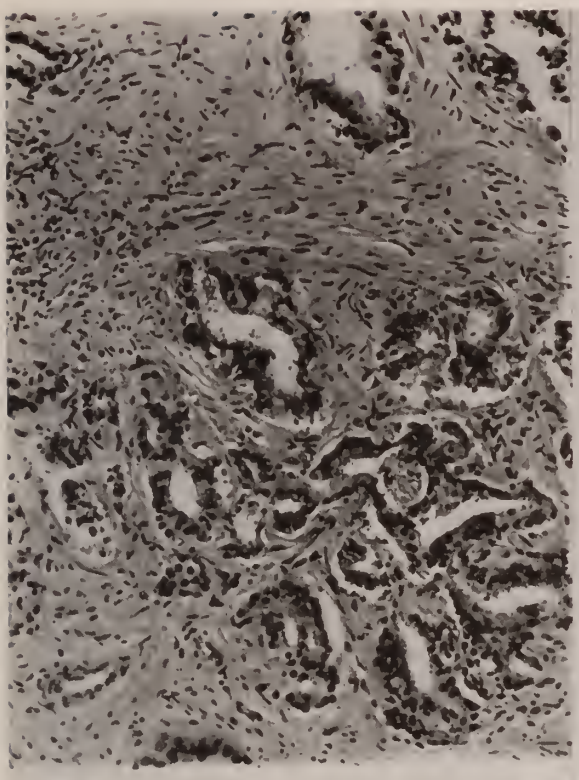


Figure 5. Carcinoma of the prostate gland in which the fibrous and smooth muscle stroma are extensively ingrown by small and larger masses of atypical epithelium; the epithelial cells tend to form small tubule-like structures and these atypical tubules vary in size.

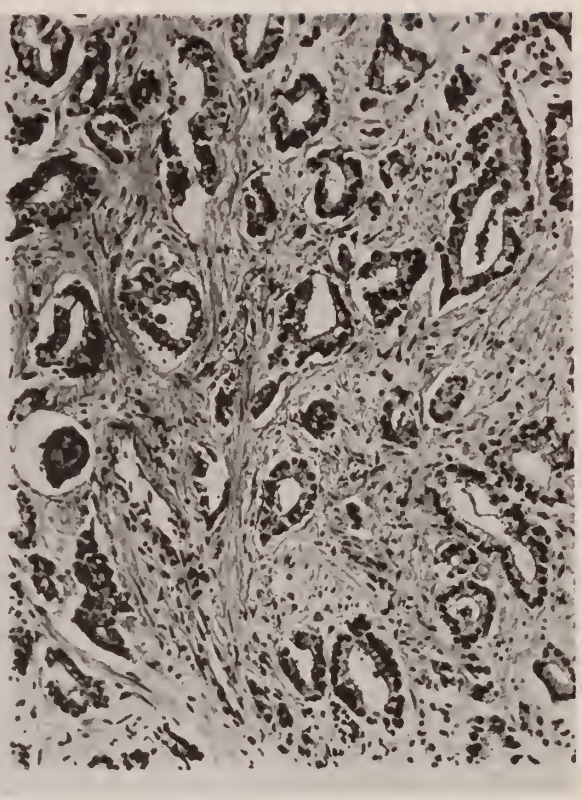


Figure 6. Glandular carcinoma of the prostate gland. There are masses of ingrown epithelium in the form of bizarre, small and large duct acinar structures lined by columnar cells.

tissues have carcinoma cells but the chronic exudative inflammation predominates. Sections of the seminal vesicles and vasa contain no carcinoma. See Figure 4.

It has now been two years since this patient was operated and he feels normal. Rectal examination reveals no changes in his prostatic bed. Due to the perineural infiltration of cancer cells, we would expect this patient to develop an early recurrence of his cancer or metastases. This has not happened to date.

Dr. W. T. V., age 67, was admitted to the hospital on the 28th of January 1945. He complained of nocturia two times, present for one and a half years; slight dysuria and a mild pyuria during the same interval. He admitted that he had seen a physician at the onset of these symptoms. A diagnosis of chronic prostatitis with prostatic hypertrophy had been made; later examinations aroused the suspicion of carcinoma of the prostate gland because a rather firm nodule had been palpated in the right lateral prostatic lobe; stilbestrol therapy had been instituted for approximately the past four months. Stilbestrol had tended to alleviate the symptoms with the exception of the nocturia. He also stated that a recent acid phosphatase level had been 1.6 K.A. units. There has been a weight loss of about five pounds during the past year. The appetite has been fairly good. His blood pressure was systolic 160 and diastolic 90. Rectal examination verified the asymmetry of the right lateral prostatic lobe which was firm and irregular. There was no roentgen evidence of metastases.

Perineal exposure of the prostate gland was made. A frozen section study of tissue removed from the infiltrated area of the right lateral prostatic lobe revealed cancer cells. A radical prostato-vesiculectomy was done. All of the prostate gland and most of the trigone were excised.

Pathological examination of the removed tissues showed the right lateral prostatic lobe to be firm, almost solid grey and grey-yellow tissue without regions of glandular hyperplasia other than several scattered nodules about 5 mm in size. The left lobe is also firm, especially on the rectal side. Histological study of the tissues from the right lateral prostatic lobe show a fibrous and smooth muscle stroma. This is extensively ingrown by small and larger masses of atypical epithelium. The epithelial cells tend to form small tubule-like structures and these atypical tubules vary in size. The larger masses resemble more closely prostatic acini but in these are bizarre lumen-like struc-

tures. At some levels more normal acini with marked hyperplasia of their lining cells are directly continuous with the less typical masses of cells. The atypical cells are columnar or polygonal, have granular acidophilic cytoplasm and large nuclei. Some among them are in mitosis. At some places nerve ganglion and nerve trunk tisues are included. About the latter are small cord-like masses of tumor cells. Histologically, tissues from the left lateral prostatic lobe have a smooth muscle and fibrous stroma with a slight diffuse chronic inflammation. The relationship of epithelial elements to stroma in these tissues appears normal. There are no cancerous elements in the sections of the seminal vesicles. This is a carcinoma of the right lobe of the prostate gland and glandular hyperplasia of the left lateral lobe of the prostate gland. Figure 5.

Postoperatively there was a thrombophlebitis of the right leg, from which there was complete recovery. The patient feels good and has no complaints one year after operation. Rectal examination shows nothing abnormal. One should expect this patient to develop a recurrence of his prostatic cancer. His postoperative period is but one and one-half years.

Mr. K. P., age 63, was admitted to the hospital 22nd April 1945. He complained of nocturia and diurnal freguency, both of which had been present for several years. In the past few months he had noted a slight intermittent low back pain which was induced and aggravated by lifting. There had been no weight loss. He appeared healthy and was still working as a mechanic. The physical examination was essentially negative except for the rectal examination. It revealed a grade 1 enlargement of the prostate gland; the left lobe was soft and the right lobe presented a nodule in an otherwise simple hyperplasia. Blood and blood chemistry studies were normal. Roentgen studies of the lumbar spine and pelvis revealed no metastatic lesions. Due to the possibility of the presence of cancer in the prostate gland, a perineal approach was elected. A frozen section biopsy of the infiltrated area of the right lateral prostatic lobes revealed cancer cells. A radical prostato-vesiculectomy was done. Convalescence was uneventful. Pathologically, the lateral prostatic lobe on the posterior surface was firm and hard. Surfaces made by cutting here, have in the substance of the gland hard tissues with some yellow streaks about 1.5 cms in diameter. On surfaces made by cutting the left lateral prostatic lobe there is a dense grey fibrillar tissue. Near the verumontanium in the prostate are several hard brown prostatic concretions. Histological section of the right lateral prostatic lobe contain basic tissues of the prostate, both stroma and acini, but in addition masses of ingrown epithelium in the form of bizarre small and larege duct acinar structures lined by columnar cells. There are no cancerous changes in sections of the left lateral prostatic lobe or seminal vesicles. This is a glandular carcinoma of the prostate gland. Figure 6.

Altho this patient has been operated much too recently to prognosticate an outcome, he has to date, been in excellent physical condition and there is no evidence of a cancerous recurrence in the prostatic bed.

It should be emphasized again that early prostatic cancer is discoverable only as an incidental finding in routine rectal examination of males. The most common primary site for prostatic cancer is the posterior lobe which is also the portion of the gland most easily palpated by examining finger in the rectum. The cancer may be first felt as a solitary nodule, unless there is an associated hyperplasia or prostatic bar. It has been said that any prostatic cancer which can be diagnosed by rectal examination is beyond any possibility of a surgical cure by radical removal. To this statement there are some who will take exception. Perhaps there are occasional relatively inactive lesions which remain within the capsule for a long time and can be recognized by rectal palpation and completely cradicated by radical prostatectomy. However, extra capsular peri-neural lymphatic transmission may occur so early that chances for cure have passed long before the primary lesion can be definitely diagnosed without a microscopic section. Even so there seems to be some logical basis for the complete removal of the primary lesion, if technically feasible, where metastases are probably present. Thus, there is removed the obstructive possibilities and, it is stated, by some, that associated metastases offer a better chance for anti-androgenic control than when the primary lesion is present. This statement is based on the experience of operators following this procedure, but not scientifically verified, as yet, by comparable series of patients with adequate study of the tissues involved.

That even the small nodule has already metastasized and the radical prostatectomy does not prevent a rapid recurrence is well shown in the following history:

Mr. J. J., age 58, who was admitted to the hospital 7th September 1945 complained that he had had a nocturia three to five times for the past three years. There had been a marked day frequency for the past three or four months. His urinary stream had been growing smaller for the past eighteen months and it is now difficult to start the act of voiding. He does not complain of any pain. He looked well. The rectal examination revealed a grade 3 prostatic enlargment, the right lobe being larger than the left and carried a good sized hard nodule. The residual urine was three ounces. The remainder of the physical examination was without import. Roentgen studies revealed osteophytes of the

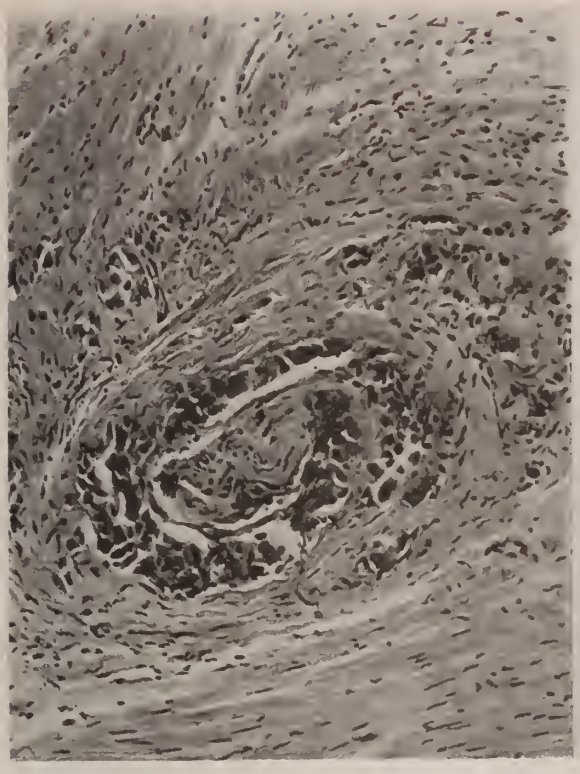


Figure 7. Carcinoma of the prostate gland. The carcinoma cells surround a small nerve trunk.



Figure 8. Carcinoma of the prostate gland. Osteoplastic metastases to the pelvic bones 10 months after a radical perineal prostatectomy.

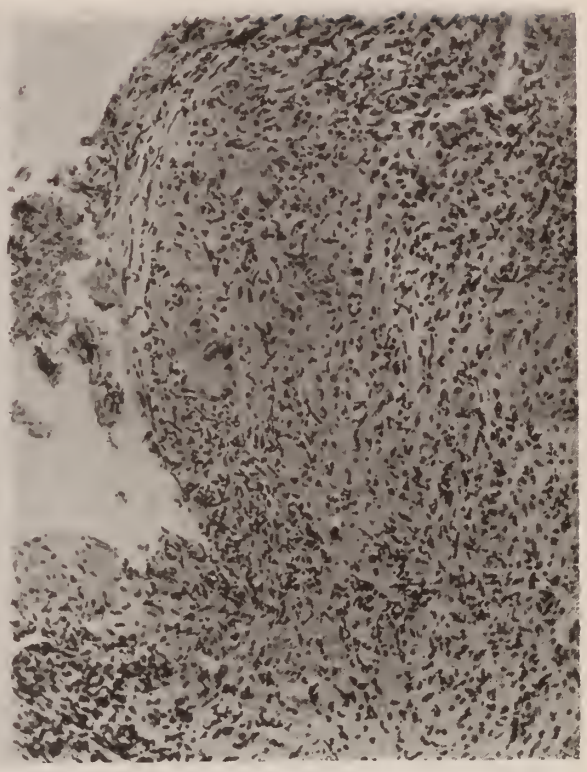


Figure 9. Chronic inflammation of prostate gland which is suggestive of tuberculosis because it contains the structure of a tubercle and several giant cells. This tissue was obtained by perineal route and excluded carcinoma.

bodies of the lower lumbar spine; there were no metastatic lesions of the lumbar spine or pelvis. Blood and blood chemistry studies were normal.

A perineal exposure was made. A biopsy of an indurated area from the superior pole of the right lateral prostatic lobe, revealed cancer. A radical prostato-vasiculectomy was done. The convalescence was uneventful.

The tissue removed presented prostatic hyperplasia with active cancer associated. Some cells were in mitosis. There were invasions of tumor cells around large nerve trunks, especially of the capsule. Some peri-neural lymph channels were filled with cancer cells. See Figure 7.

This patient had symptoms of prostatism, and a prostate nodule hard enough to be cancer. Altho roentgen studies excluded metastatic bone lesions, in less than ten months postoperatively, this man began to have bone pain of the pelvic and perineal regions, loss of weight, lack of appetite and malaise. Roentgen studies then showed many metastatic bone lesions of the lumbar vertebrae and pelvic bones. See Figure 8. He is still alive, active and fairly comfortable on anti-androgenic management.

The lesions which are most confused with early prostatic cancer are chronic inflammation, prostatic

calculi and tuberculosis. For example, Mr. W. K., age 63, presented himself with the history that his family physician had discovered a nodule in the left lateral prostatic lobe three months ago during an annual physician examination. He had consulted two urologists. One told him that the lesion was inflammatory because the expressed secretion contained pus. The second urologist expressed concern over the probability of the presence of cancer. The only urinary symptom was nocturia one time. This man was in good physical condition except for a blood pressure of sysclosed a rather limited nickel-sized infiltrated area high in the left lateral prostatic lobe; this area was not fixed. The blood picture was normal. Roentgen studies showed rather extensive osteoarthritis of the lumbar spine and normal pelvic bones. A perineal approach to the prostate gland was made, the infiltrated area located, a piece excised and sent for frozen section study. No cancerous tissues were found. The prostatic capsule and wound were closed. The patient made an uneventful recovery. Nine months have passed. His chronic prostato-vesiculitis has responded well to management.

Mr. C. C., age 48, came to the office for a check up because he had had a Neisserian infection two and one-half years ago. His history did not point to any urological lesion. Physical examination revealed a hard nodule, dime-sized, in the upper left lateral prostatic lobe. The expressed prostato-vesicular secretion contained twenty-five to fifty leucocytes per high powered microscopic field. This man was observed for about six weeks and no change was noted in the nodule of his prostate gland. It was not fixed. He was hospitalized for cystoscopy and perineal biopsy of the prostate gland by means of a perineal biopsy punch. His blood and roentgen studies revealed no abnormalities. Cystoscopy showed a grade 2 median prostatic bar with no residual urine. The perineal biopsy of the prostatic nodule furnished several small particles of tissue for pathological study. This tissue showed the usual smooth muscle and fibrous stroma and small acini with cuboidal or low columnar lining cells of the prostate gland. A few of the acini contain corpora amylacea. One small piece of tissue is basic stroma with marked inflammatory exudates. The exudate cells are lymphocytes, plasma cells, monuclear phagocytes and a few polynuclear leucocytes. At one place, there is a giant cell that suggests a Langhans cell. There is no overgrowth of epithelium. Another lesion has more of the structure of a tubercle and contains several giant cells. Histologically the inflammation suggests tuberculosis. See Figure 9. This patient left the hospital within twenty-four hours. No tubercle bacilli were ever recovered from the urine. Roentgen studies of his lung fields showed a great deal of infiltration and a number of calcified areas. Seven years have now passed. The rectal examination of this man reveals the same findings as originally described. At this date, he has no urinary tract symptoms. He probably represents a healed prostatic tuberculosis.

Mr. C. G. L., age 61, stated that two and a half months ago he developed suddenly a very severe pain in his right lumbar region. This pain lasted for 20 minutes and disappeared. The pain recurred 1 week later to last several hours and to leave tenderness in the right lumbar region. Forty-eight hours after this second attack of pain, there was bladder irritation for a few hours, after which he felt fine. He admitted nocturia one to two times for the past two years. His physical condition was excellent except for a blood pressure of systolic 195 and diastolic 100. Rectal examination revealed excellent sphincter tone; there were several pea-sized hard areas in both lateral prostatic lobes superiorly. Observation cystoscopy disclosed a medium sized trilobar prostate which gripped the cystocope firmly. Roentgen studies showed no calculi any place in the urinary tract. There was no evidence of metastatic lesions in the pelvic or lumbar bones. Blood studies and chemistry values were normal. The residual urine was one and one-half ounces and uninfected. It was decided to do a perineal biopsy. If a frozen section of the infiltrated areas showed cancer cells, a radical perineal prostatectomy could be done. However, after the prostatic capsule had been exposed, the hard areas could be palpated as calculi, especially in the left lateral prostatic lobe. A conservative perineal prostatectomy was done. The anatomic diagnosis of the removed gland was slight chronic inflammation of the prostate gland and prostatic concretions. This patient made an uneventful recovery and has no residual urinary symptoms. In this instance, roentgen studies did not reveal the prostatic calculi and led to the perineal exposure to exclude a cancer of the prostate gland.

The big majority of patients who are first seen for cancer of the prostate gland, have rather marked urinary symptoms, radiating pains either of the back, perineum or legs and a markedly indurated nodular and often a fixed prostate gland. Prostatism with associated pain should cause suspicion of cancer at once even though there be no suspicious palpatory evidence of the lesion. This pain may be of a deep pelvic type or associated with urination. It has been shown pathologically that there is a marked tendency for early involvement of peri-neural lymphatics both intra and extra capsular, thus this symptom of pain is readily explained. It has been noted by clinicians that a sudden acute retention in a man who has had few or no previous urinary symptoms, very often occurs in those with carcinoma of the prostate gland. Some of these men exhibit systemic symptoms of malaise, loss of weight and appetite, and a sec-

ondary anemia. Occasionally these symptoms are present due to a cancer of the prostate gland which has not yet produced urinary symptoms. The first sign of a new growth of the prostate gland in a small number of these patients is a fracture or osseus lesion due to metastases from the prostate gland.

The treatment of this group of patients should correct the vesical neck obstruction if present, improve the general condition of the patient and control the growth of the cancer. Fifteen years ago, if a cancerous prostate were producing obstructive urinary symptoms, a cystotomy was done and the patient treated palliatively with opiates until he died of urosepsis or some concurrent disease. About 1931, transurethral resection was first used to relieve the bladder neck obstruction from cancer of the prostate gland.

It was realized that the growth would rapidly refill the prostatic urethra and repeated transurethral resections would be necessary. It was also realized that it would still be necessary to use many drugs and procedures to control the metastatic pain. About five years ago, workers discovered that castration, either surgical or by roentgen rays, improved the general condition of the prostatic cancer patient, caused the prostatic cancer to recede in size and to soften in consistency and the metastatic pain would often disappear or improve. The metastatic bone lesions would improve or disappear. The prostate would atrophy so much in some instances that revision of the vesical neck would not be necessary to relieve obstruction. Hormonal studies soon revealed that maintenance doses of estrogens produced a chemical response similar to that produced by castration in most cases.

Today there are two distinct opinions about the treatment of this large group of patients. One group of workers advise correction of the vesical neck obstruction by transurethral resection, with an immediate bilateral orchiectomy and the administration of a maintenance dose of an estrogen. The other group of workers advise a transurethral revision of the vesical neck and the administration of a daily maintenance dose of an estrogen; if the metastases or the metastatic pain cannot be controlled by the estrogens or the general condition of the patient is downward, a bilateral orchiectomy is done.

The most dramatic response seen in this connection is that following orchiectomy of far advanced prostatic carcinoma in patients with metastases, cachexia of malignancy, secondary anemia; a picture of impending death. It is not uncommon to see this clinical picture immediately change following orchiectomy to one of progressive improvement; i.e., relief of pain, regaining of weight and shortly a return to normal ways of life and work. This result can be obtained in no other way, in our experience, although the maximum result is obtained by follow-up use of maintenance doses of estrogen postoperatively.

It would seem that no standard method can be advised, but that each patient must be considered with general physical conditions in view. On the basis of our present knowledge, no one with experience would deny the far advanced patient, as mentioned above, the benefit of immediate orchiectomy. On the other hand that large group of patients with a definite carcinoma of the prostate, with or without local pain, some urinary obstruction, can get satisfactory relief by the use of estrogens and this relief is sometimes continued indefinitely. If obstruction is continued, transurethral resection is indicated, but many of these patients will get relief of obstruction by estrogens alone. Some patients of this group do not react favorably to estrogens and others eventually lose the early clinical effect. There was a tendency, for a while, here to increase the dose of estrogens. This has been carried to the astounding dosage of 30 mgs of stilbestrol a day, but the clinical change did not warrant its continuance. Not only was there no important increased benefits, but the side effects of painful and enlarged breasts, ankle edema and gastro-intestinal disturbances soon caused the general return to maintenance doses usually equivalent to two to three mgs of stilbestrol a day. Experiments on rats and mice, using large doses of stilbestrol, have clearly demonstrated liver cell damage, also hypertrophy and dilatation of bile ducts.

Where estrogens have begun to lose their favorable effect and in those who do not primarily satisfactorily respond, orchiectomy is indicated. Regardless of the order of usage of these methods it has been repeatedly observed that metastases can occur following orchiectomy or during the taking of estrogens in any dosage.

For example, Mr. T. L., age 59, was first seen in December 1941, with a severe left sciatica, lumbo-sacral

backache and radiating pains down both legs. Examination revealed a rather far advanced carcinoma of the prostate gland with minimal obstructive symptoms. His general physical condition was excellent. The roentgen studies revealed no osseus lesions. Perineal aspiration biopsy revealed cancer cells. A transurethral revision of the vesical neck was done and a maintenance dose of estrogen was begun. The pathological study of the removed tissue showed adenocarcinoma of the prostate gland. His symptoms disappeared, the hard infiltrated prostatic area became soft to be almost normal to palpation. He resumed his daily work. On the 27th February 1943 he presented himself with a disabling throbbing pain in his upper left leg, which had been present 36 hours. Rectal examination was essentially negative and there were minimal urinary systems. It was believed that he had metastatic pain from metastases in his periprostatic region and bilateral orchiectomy was done. His sciatica and leg pains improved a great deal but did not disappear entirely.

The removed testes, after 16 months of stilbestrol, 3 milligrams daily, showed increased fibrous tissue stroma between the tubules, thick walled blood vessels, very little interstitial tissue, very small tubules lined with the usual germinal epithelium and Sertoli cells, granular precipitates and an occasional spermatocyte; spermatogenesis was relatively inactive.

On the 19th of April 1943, almost two months after his castration, he developed such severe pains in his left groin and leg that he was hospitalized for a five-day period of deep roentgen ray therapy through the anterior, posterior and lateral portals of the prostatic area. He got almost immediate relief from his pain and has maintained an excellent general state of health on stilbestrol. He has now lived more than five and a half years since the diagnosis of carcinoma of the prostate gland was made.

There is a group of patients in whom the biological equation allows the cancer of the prostate gland to grow slowly. In the light of our present knowledge one could suspect that these new growths are held in check by a favorable hormone reaction or that the growth is slow because the stimulating hormones are lacking. It is a well known fact that many of these prostatic cancers in men who are in the seventh and eighth decades of life are very slow growing and metastasize very slowly.

For example, Mr. A. F., age 72, sought medical aid 17th December 1933 because he had had a hematuria off and on for eight months. Frequency and nocturia had been present for three years. Difficulty in starting his stream and emptying his bladder had been noted for the past three months. Rectal examination revealed a greatly enlarged prostate gland which was very firm and slightly irregular but not tender; the median prostatic groove was entirely obliterated. Roentgen studies revealed no bone metastases. A transurethral resection was done to remove tissue which showed ingrown masses of glandular epithelium not in regular order. A pathological diagnosis of cancer of the prostate gland was made. On the 18th May 1942, a second diagnosis of this removed tissue was carcinoma in glandular hyperplasia of the prostate gland. This patient had been seen at intervals from 1933 to 1942. He was now placed on a maintenance dose of estrogen-1 milligram two times a day — and was last seen in November 1945. At that time, he had a moderate amount of frequency and dysuria from the chronic bacilluria but had no residual urine. He was then 83 years of age and had lived 13 years since the original microscopical diagnosis of cancer of the prostate gland had been made. It is possible that the rare patient who goes beyond 5 years on hormonal treatment for cancer of the prostate gland, may come from this group of slow growing tumors.

Another example of slow growing prostatic cancer is that of Mr. P. T., age 72, when he sought medical attention in October 1939 for his urinary frequency and poor urinary stream. His prostate gland was moderately enlarged, symmetrical, not tender and benign in consistency. His blood studies were normal. No roentgen studies were done. Cystoscopy revealed a middle lobe prostatic enlargement, grade 2, with small intraurethral lateral prostatic lobes. There were two ounces of residual urine. A transurethral prostatic resection was done to remove 18 grams of tissue. The microscopic study of the removed tissue showed glandular carcinoma of the prostate gland. See Fig. 10. This patient has never exhibited any symptoms of cancer and yet a rectal examination reveals an indurated nodular prostatic bed which is not extensive. He had taken a maintenance dose of estrogen for two years, but none for the last two years. He cannot tolerate it. This has softened the prostatic bed. He has no radiating pains. His general health is fair. He was seen in July 1946. He is almost 80 years old and has survived the original diagnosis of cancer of the prostate gland almost seven years.

Mr. C. M., was 65 years old when a two-stage suprapubic was done. The prostate gland was removed by sharp dissection, although it was a very large gland. A study of many sections revealed a small area of cancer cells. Radium was applied to the prostatic bed by means of a catheter but had to be discontinued after a few hours because of pain. In January 1939, this same patient, thirteen years later, underwent a transurethral resection of a fibrous prostatic bar. Pathological study of the removed tissue revealed no cancer cells. This man died in 1945, some twenty years after his original diagnosis of cancer of the prostate gland. The radium may have had a curative effect but it is more likely that all of the cancer cells were removed when the suprapubic prostatectomy was done.

On the other hand, the rare patient with cancer of the prostate gland will live for many years after a prostatectomy. These patients probably represent

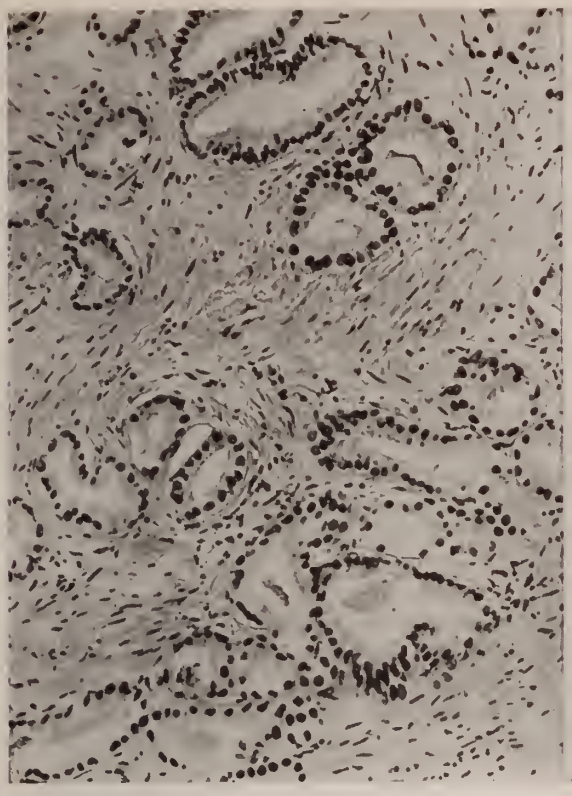


Figure 10. Glandular carcinoma of the prostate gland. A transurethral resection was done 8 years ago. The patient is alive and has no symptoms. Estrogens made him so sick that he has not taken any for the past two years.

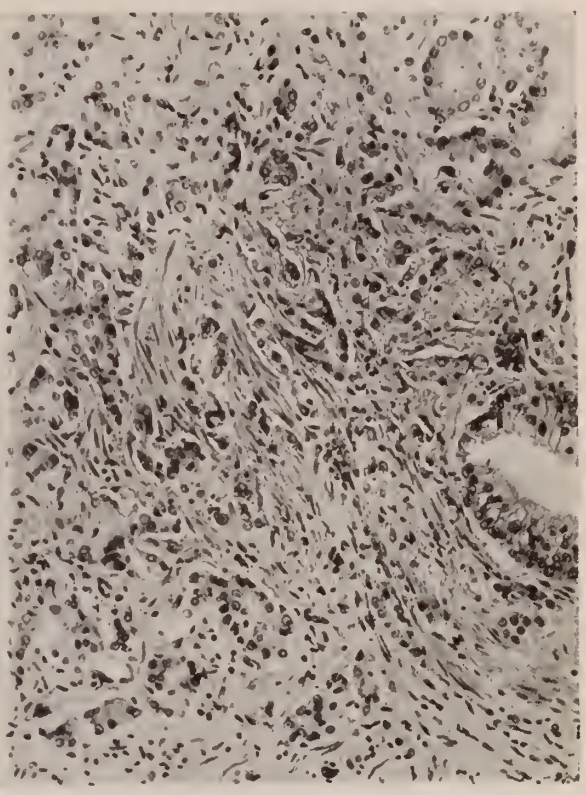


Figure 11. Glandular carcinoma of the prostate gland. Tissue removed by transurethral resection was benign; 3 years later a perineal biopsy revealed carcinoma and a radical perineal prostatectomy was done. He has now lived 8½ years and has a local recurrence of his prostatic cancer. His symptoms are well controlled with estrogens.

that group whose cancerous changes in hyperplastic tissue, all of which is removed. For example, Mr. A. H., age 73, had a two stage suprapubic prostatectomy in November 1936 for a very large gland. The first indication of the presence of the new growth was when the left prostatic lobe was found to be very adherent to the surgical capsule and had to be removed by sharp dissection in pieces. Pathological study revealed no mastastic osseus lesions. This man is alive today, comfortable and healthy. There are no suspicious rectal findings. He has reached the age of 83 without the administration of hormones for his prostatic cancer; he has survived his original diagnosis ten years. It is our belief that all of his cancer was removed at the time of the suprapubic prostatectomy.

The occasional patient will develop a cancer of the prostate gland in tissue which was benign at the first operative procedure. For example, Mr. A. W.. age 64, had a transurethral resection for an obstructive moderate sized trilobar prostate gland in May 1935. The pathological study of the removed tissue showed chronic inflammation and glandular pyperplasia of the prostate gland. In August 1938, a nodule about 1 by 1 cm was palpated in the left lateral region of the prostate bed. A perineal aspiration biopsy revealed a glandular carcinoma of the prostate gland. A perineal prostatectomy, including most of the surgical capsule and seminal vesicles, was done. There was much fixation in the region of the left lateral prostatic lobe. Recovery was uneventful. Pathological study showed the presence of glandular carcinoma. Portions of the surgical capsule were invaded by glandular epithelium and cords of epithelial cells. Lung and bone roentgen studies revealed no carcinomatous lesions. He was last seen in September 1946 for the first time in almost four years. He has no symptoms but in a routine physical examination, his family physician discovered a walnut sized nodule which was growing from the left lateral prostatic bed. This feels like carcinoma. He has been placed on a maintenance dose of estrogen. He has lived eight years since his original diagnosis of cancer of the prostate gland. This probably represents the development of cancer in the prostatic stumps which remain after a transurethral resection or existed in the posterior lobe primarily but unrecognized.

Much work has been done on the study of phosphatases of the blood serum in connection with carcinoma of the prostate. Aeid phosphatase is found in high titre in normal adult prostate glands, a eontent of adult prostatic epithelium. This is a tissue speeific substance, marked increase of which, is found in the blood serum only in prostatic carcinoma with dissemination beyond the prostatic capsule. It should be emphasized, however, that in some patients with prostatic carcinoma with definite bony and other metastases the serum acid phosphatase may be within normal limits.

Alkaline phosphatase inerease in the serum of man indicates osteoblastie activity or liver disease, henee is non specific as far as carcinoma of the prostate is concerned. This inerease is observed in other bone lesions as Paget's Disease, sarcoma, etc. It is obvious then that both acid and alkaline phosphatase determinations should be made in elinical study of careinoma of the prostate. No other disease is known to show a concurrent elevation of both types of phosphatase. In the presence of prostatic careinoma with elevated serum alkaline phosphatase and without evidence of gross liver damage the probabilities are that bone metastases exist even though not yet evident by the roentgen ray.

Obviously a completely studied patient, where carcinoma of the prostate is considered should have both acid and alkaline phosphatase determinations, but the elinician should be fully aware that the evidence obtained is only corrobative. However, investigators agree that a high titre aeid phosphatase (K.A. Units 5 plus) probably indieates the presence of carcinoma of the prostate with extra capsular extension and a high titre of both acid and alkaline phosphatase indicates carcinoma of the prostate with bone metastases. That many patients with all stages of earcinoma of the prostate may have normal phosphatase findings is generally known.

Tuberculosis is a public health problem which affects every single individual in the state. Every case of tuberculosis costs somebody in the community $10,000. Since 96 per cent of the patients cannot afford to pay their hospital expenses, that "somebody" is the taxpayer. This cost will go on and on until all the active cases of tuberculosis are located, hospitalized and prevented from spreading infection to others. Health and Safety Medium, Sept., 1946.

TEMPORAL ARTERITIS

With a Report of a Case

ROBERT M. HOYNE, M.D.
Carle Hospital Clinic
URBANA

In 1932 Horton, Magath, and Brown reported a hitherto undescribed form of arteritis of the temporal vessels. Sinec this date numerous other cases have been reported in the literature. To the author's knowledge, the present report is the forty-first case of temporal arteritis to be found in the medical literature.

Clinical features. — The disease begins insidiously in older persons, usually between the ages of 60 and 80. The average age of all the patients reported is about 65. It apparently affects women more frequently than men. All cases have occurred in people of the white race.

The most outstanding symptom has been a dull, throbbing headaehe, often worse at night. This pain is often aggravated by mastieation or any movement of the head. Also, there may appear fever, night sweats, generalized joint and back pains, anorexia, loss of weight and strength, weakness, mild anemia, leukoeytosis, mental confusion, and delerium. The diagnosis may be suspected by the presence of considerable soreness of the scalp especially marked near the nodular, tender, often hyperemie temporal vessels. The pathologic process is usually bilateral. Pulsations may be entirely or partially absent in the temporal vessels, dependent on the degree of occlusion of the lumen. In some eases the oceipital arteries have seemed to be similarly involved.

In most eases of temporal arteritis examination of the ocular fundi reveals only arteriosclerotie changes coexistent with advanced age of these patients. However, numerous reports indicate that oeular disturbances may eomplieate this disease. These include photophobia, diplopia, ptosis, and partial or eomplete loss of vision, whieh may be temporary or permanent. In these cases funduseopie examination may reveal hemorrhage, exudates, edema of the optic nerve head, and thrombosis of the eentral retinal artery. Wagener reeently estimated that involvement of vision is to be expected in about one-third of the patients who have arteritis of the temporal vessels. This finding tends to lend confirmatory evidence to the thesis that this disease is not a localized but rather a generalized systemic dis-

order. It is thought that these visual disturbances may be secondary to damage of the optic vessels by the same inflammatory process which affects the temporal arteries.

The cause of this clinical syndrome is unknown. Actinomyces were cultured from the original cases of Horton, Magath and Brown. These were rightly considered as most likely contaminants and have never been found in any other cases. Cultures of the resected vessels and of the blood, all kinds of agglutination studies, animal inoculations, spinal fluid examinations, and roentgenograms of the skull and spine have all failed to identify the specific causative agent.

The disease tends to run a protracted course for many months with intermittent relapses but with eventually complete subsidence of the symptoms. Temporal arteritis might easily be confused with peri-arteritis nodosa but in the latter disease there is almost always a fatal outcome within a year. Likewise, temporal arteritis seems to be entirely separate from the arteritides associated with thrombo-angiitis obliterans, Libman-Sachs disease, and rheumatic fever.

Many therapeutic agents have been tried with no consistently uniform result. The sulfonamides have not been beneficial and in the present case a trial of penicillin therapy was unsuccessful. Radiotherapy has usually been without value. Schaefer and Sanders reported a case where symptomatic relief was obtained by placing the patient on the Sanders oscillating bed. Many cases have been rather markedly benefited after interruption of the afferent pain pathways by resection of a segment of the temporal artery. Vandivier and Ritchey have recently questioned the therapeutic value of this procedure. It is interesting that peri-arterial injection of procaine into the affected vessel in this case was seemingly followed by partial and temporary relief of the symptoms.

Pathologic changes. — The lesion apparently begins as a peri-arteritis of a small segment of the temporal artery. As the process continues, the inflammation spreads into surrounding tissues as well as into the media and the intima of the vessel. Often there is thrombosis adherent to the involved segment. Microscopically, there is chronic arteritis and peri-arteritis. Usually there are changes in the adventitia such as fibrosis and focal infiltration with lymphocytes and plasma cells. The media is often replaced by granulomatous tissue with round-cell infiltration and frequent multinuclear giant-cells. The intima is usually thickened. The lumen is either markedly reduced or entirely replaced by either cellular or acellular thrombi. The nodular areas, which are observed grossly, represent collections of round cells around the vaso vasorum. There is no significant necrosis of the media nor aneurysmal sacs such as one often sees in peri-arteritis nodosa.

D. M., 75 year old retired farmer, registered at the Clinic August 19, 1945, and was immediately hospitalized. He had always enjoyed excellent health excepting for pneumonia in 1904, right herniorrhaphy in 1935, and transurethral prostatic resection in 1943. The family history was noncontributory.

About two months before admission he had suffered from painful, reddened nodules on the anterior surface of the right tibia which were probably accompanied by some degree of fever. After two weeks these had completely subsided with no residual soarring or pigmentation.

About five weeks before admission he had begun experiencing severe head pains radiating from the occiput forward on both sides and awakening him at night. There had been no vertigo, vomiting, or unconsciousness although he had been mildly confused at times. All treatment had failed to offer any lasting relief. He had lost 27 pounds gradually over a period of two years.

Physical examination revealed a thin, pale, man of 75 who appeared chronically ill. The blood pressure measured 110/70. Funduscopic examination showed grade II arteriolosclerosis but normal optic discs. The tonsils were embedded and showed evidence of mild chronic infection. The heart, lungs, and abdomen were negative except for a small right femoral hernia. The prostate was small and benign. All peripheral arterial pulsations were normal. Neurological examination was essentially negative. Both temporal arteries were very tender and fibrosed with no discernible pulsations. The entire scalp was tender to pressure.

The urine was normal excepting for a trace of albumin. The hemoglobin measured 64 per cent. The erythrocytes numbered 3,280,000 and the leukocytes 7,500 per cubic millimeter of blood. There were 70 per cent polmorphonuclear leukocytes, 27.5 per cent lymphocytes, and 2.5 per cent eosinophils in the differential blood picture. Routine Kline and Kahn tests were negative. The Westergren sedimentation rate was 63 mm. and 78 mm. in 45 minutes on two separate occasions. Electrocardiograph was normal. Roentgenograms of the chest, skull, and cervical spine revealed only mild hypertrophic arthritic changes. Fluoroscopic examination of the stomach and colon was normal.

During the next few days the patient continued to suffer from head pains severe enough to require



Figure 1. Posterior branch of Left Superficial Temporal Artery. (x80). The lumen is almost entirely replaced by thrombosis and there are attempts at recanalization.

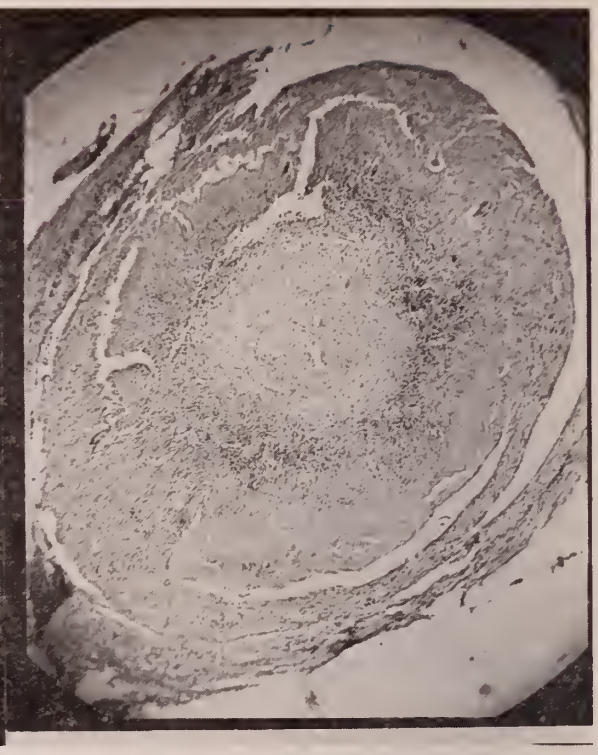


Figure 2. Posterior branch of Right Superficial Temporal Artery. (x80). Much the same as Figure 1.

opiates for relief. He was generally miserable and at times slightly confused. There was a daily afternoon temperature elevation from 99 degrees to 101 degrees F. A trial of penicillin administered at three hour intervals for six days afforded no relief. On September 1, 1945, 10 c.c. of 1 per cent Procaine solution was injected into the region of the right temporal artery. This procedure was followed by a definite easing of the pain for three to four hours after which the distress recurred.

Because of previous reports from the literature of beneficial results from surgical resection of the temporal arteries in these cases, this procedure was performed on September 5, 1945, by Dr. J. C. Thomas Rogers. Intravenous anesthesia with 12 grains of sodium pentothal and local infiltration with 1 per cent procaine solution were employed. About 4 cm. of each temporal vessel were resected. The wound healed uneventfully. Within a few days the patient seemed brighter and complained of less pain. He was discharged from the hospital on September 11, 1945.

He was again seen on October 31, 1945, at which time his headaches had almost completely disappeared and main complaint was constipation.

He again visited the clinic on March 16, 1946. He was having no more headaches. The temporal vessels were still fibrosed and no pulsations were palpable. There was no vessel or scalp tenderness. He had felt well and had gained weight until one month before admission when a bout of influenza had been followed by weakness and backache. Reports since this date indicate that the patient has suffered no recurrence of his head or scalp pains but has been bothered considerably by hypertrophic arthritis of the spine.

Pathologic Description of the Resected Vessels. — At the time of surgery both superficial temporal arteries were found to be thickened, tortuous, and "like pipe-stems." No pulsation could be felt and there was no redness nor significant edema.

Microscopically, the anterior branches of both the right and the left temporal arteries were remarkably unaffected by the pathologic process. The only apparent abnormality in these vessels was a non-occluding, acellular thrombosis in one small area.

However, both posterior branches were virtually occluded by an extensive cellular inflammatory thrombus with some early evidences of recanalization (Figures 1 and 2). There was considerable granulomatous reaction with invasion by round cells, macrophages, and plasma

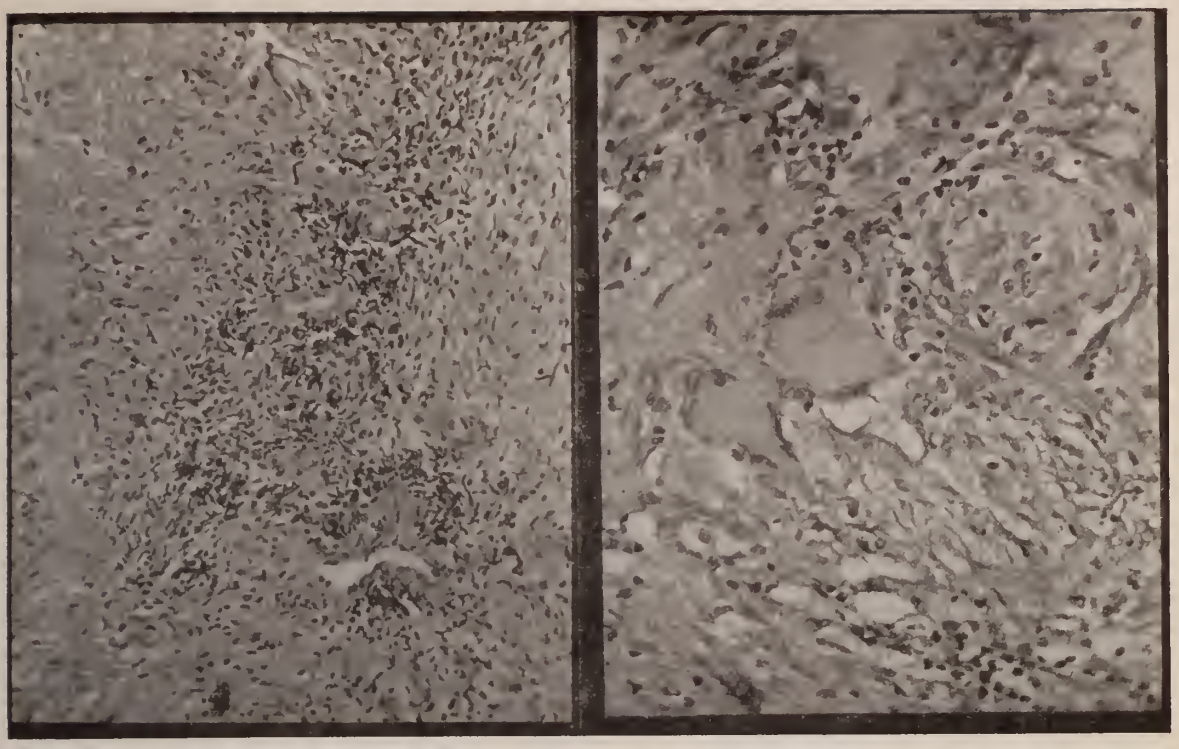


Figure 3. Posterior branch of Right Superficial Temporal Artery, (x400). Considerable granulomatous reaction is present in the media and intima with early fibroblastic proliferation.

Figure 4. Posterior branch of Left Superficial Temporal Artery (x500). Large giant cells are found in the granulomatous tissue.

cells and in places rather extensive fibroblastic proliferation (Figure 3). This was most marked in the intima but also involved the media and adventitia. In some areas large giant cells were seen. (Figure 4). No evidence of necrosis was observed in any of these sections.

Comment. — This case demonstrates well the usual features of Temporal Arteritis. An old man of 75 rather insidiously became seriously ill with severe head pains and marked generalized symptoms of fever, malaise, weakness, loss of weight, and mental confusion. Despite all therapeutic measures his condition continued to be critical and at times he seemed definitely to be getting worse. Only by the appreciation that such a disease entity as temporal arteritis might be existent and that such cases usually recover can one extend a favorable prognosis to these patients and to their families.

In this case resection of the temporal arteries was rather promptly followed by clinical improvement. It is true that such is not always the situation. However, it would seem from the reports in the literature that no other procedure is as therapeutically efficacious in as high a percentage of cases as this simple surgical operation. It would seem advisable to perform bilateral temporal artery resection in all cases where other measures have not afforded the desired relief.

This disease is undoubtedly not localized to the temporal arteries alone. In the present case the pains and erythematous nodules on the right leg a few weeks prior to the onset of the temporal arteritis suggest a systemic effect of this disease. Cases have been reported where the inflammatory process had apparently affected other branches of the common carotid artery although no biopsies have so far been made on these other vessels. Visual disturbances have frequently been associated and have been thought to be due to a similar involvement of the vessels. Kilbourne and Wolff recently proposed the name "Cranial Arteritis" as more appropriate for this clinical syndrome and Dantes suggested the name "Granulomatous Arteritis of Undetermined Cause." Whatever the nomenclature applied to this syndrome there seems remarkable

unaninity in the opinion that Temporal Arteritis is not a localized but rather a generalized disorder.

CONCLUSIONS

1. Another proven case of temporal arteritis has been reported.

2. Temporal arteritis characteristically affects aged white people and causes severe head pains and marked generalized symptoms such as weakness, loss of weight, fever, and mental confusion.

3. Temporal arteritis may be suspected and diagnosed by the presence of tortuous, nodular, hyperemic, and exquisitely tender temporal arteries.

4. No specific etiologic agent is known but the disease would seem to be an inflammatory process involving the temporal arteries. It is probably not a localized but rather a generalized polyarteritic disorder.

5. Virtually, all cases of temporal arteritis eventually recover after a prolonged illness. In this regard, temporal arteritis seems to differ from periarteritis nodosa, where the condition usually proves fatal within one year.

6. There is no specific treatment. In some cases, including the one here reported, improvement has seemingly been accelerated by bilateral resection of the temporal arteries.

7. This condition is undoubtedly more common than heretofore regarded. As the life expectancy of our population continues to increase, more and more of these cases of temporal arteritis will likely be encountered.

BIBLIOGRAPHY

Horton, B. T.; Magath, T. B.; and Brown, G. E.: An Undescribed Form of Arteritis of the Temporal Vessels. Proc. Staff Meet., The Mayo Clinic 7: 700-701 (Dec. 7) 1932. Arteritis of the Temporal Vessels. Arch. Int. Med. 53: 400-409 (March) 1934.

MacDonald, J. A. and Moser, R. H.: Periarteritis and Arteritis of the Temporal Vessels. Ann. Int. Med. 10: 1721-1726 (May) 1937.

Horton, B. T. and Magath, T. B.: Arteritis of the Temporal Vessels: Report of Seven Cases. Proc. Staff Meet., The Mayo Clinic 12: 548-553 (Sept. 1) 1937.

Jennings, G. H.: Arteritis of the Temporal Vessels. Lancet. 1: 424-428 (Feb. 19) 1938.

Bain, C. W. C.: Arteritis of the Temporal Vessels. Lancet. 1: 517 (Feb. 26) 1938.

Dick, G. F. and Freeman, G: Temporal Arteritis. J.A.M.A. 114: 645-647 (Feb. 24) 1940.

Bowers, J. M.: Arteritis of the Temporal Vessels. Arch. Int. Med. 66: 384-392 (Aug.) 1940.

Sprague, P. H. and MacKenzie, W. C.: A Case of Temporal Arteritis. Canad. M. A. J. 43: 562-564 (Dec.) 1940.

Scott, T. and Maxwell, E. S.: Temporal Arteritis: A Case Report. International Clinics 2: 220-223 (June) 1941.

Hoyt, L. H.; Perera, G. A.; and Kauvar, A. J.: Temporal Arteritis. New Eng. Med. Jour. 225: 283-286 (Aug. 21) 1941.

Schaefer, C. L. and Sanders, C. E.: Temporal Arteritis. Am. Heart Jour. 24: 410-411 (Sept.) 1942.

Murphy, J. R.: The Syndrome of Temporal Arteritis. N. Y. State J. Med. 42: 2236-2237 (Dec. 1) 1942.

Johnson, R. H.; Harley, R. D.; and Horton, B. T.: Arteritis of the Temporal Vessels Associated with Loss of Vision. Am. J. Ophth. 26: 147-151 (Feb.) 1943.

Post, L. T. and Sanders, T. E.: Temporal Arteritis. Am. J. Ophth. 27: 19-25 (Jan.) 1944.

Chasnoff, J. and Vorzimer, J. J.: Temporal Arteritis: A Local Manifestation of a Systemic Disease. Ann. Int. Med. 20: 327-333 (Feb.) 1944.

Profant, H. J.: Temporal Arteritis. Ann. Otol., Rhin., and Laryng. 53: 308-325 (June) 1944.

Brown, J. W. and Hampson, F.: Temporal Arteritis. Brit. Heart Jour. 6: 154-156 (July) 1944.

Shannon, E. W. and Soloman, J.: Bilateral Temporal Arteritis with Complete Loss of Vision. J.A.M.A. 127: 647-649 (Mar. 17) 1945.

Vandivier, R. M. and Ritchey, J. O.: Temporal Arteritis. Indiana State Med. Assn. Jour. 38: 289-292 (Sept.) 1945.

Kilbourne, E. D. and Wolff, H. G.: Cranial Arteritis: A Critical Evaluation of the Syndrome of "Temporal Arteritis" with Report of a Case. Ann. Int. Med. 24: 1-10 (Jan.) 1946.

Cooke, W. T.; Cloake, P. C. P.; Govan, A. D. T.; and Colbeck, J. C.: Temporal Arteritis: A Generalized Vascular Disease. Quart. J. Med. 15: 47 (Jan.) 1946.

Editorial: J.A.M.A. 131: 669 (June 22) 1946.

Wagener, H. P.: Temporal Arteritis and Loss of Vision. Am. J. Med. Sc. 212: 225-228 (Aug.) 1946.

Dantes, D. A.: Temporal Arteritis. J.A.M.A. 131: 1265-1269 (Aug. 17) 1946.

THE MANAGEMENT OF THYROTOXICOSIS

FRANK S. DENEEN, M.D.

BLOOMINGTON

The management of toxic thyroid has undergone many changes in the past 30 years. The most important changes have been, and, I believe, still are, in the field of preparing a patient for the operation.

The criteria for diagnosis have changed but little. At the same time, we must not lose sight of the fact that the recognition and diagnosis of toxic thyroid has become much more evident on the part of the profession as a whole. I believe this will explain the remark that is so frequently made, that "we do not see as many toxic thyroids as we formerly did." During this period there was an increase in number of medical meetings, especially, of the various county societies and the interest greatly increased in the goiter problem without any concerted action such as "goiter week." As a result there has

Presented before the Section on Medicine, 107th Annual Meeting, Illinois State Medical Society, Chicago, May 13, 1947.

been a marked improvement in diagnosis and treatment.

In the period between 1918 and 1925 or perhaps until 1930, a large percentage of the toxic goiters that were seen had been in existence for two or three decades. Only a relatively few men were doing thyroidectomies previous to that time. Many patients were operated upon after two or three days entrance into the hospital and some the next day regardless of the toxicity of the thyroid and resultant cardiac condition. There was little or no preoperative care. The result was a large number of postoperative thyroid crises and a high death rate.

About 25 years ago at a reading of a paper before this section, I made the remark that the heart was the "loud speaker" of toxic thyroid. It is the cardiac palpitation that brings the patient most frequently to the doctor. There are no organic changes in the heart and so is spoken of as reversible. The function of the heart is modified with increased contraction and increased rate. The increase in contractions of the heart muscles produces an increased systolic blood pressure. The attempt is made on the part of the cardio-vascular system to compensate for this increased function by a lowering of the peripheral resistance. This is especially true in exophthalmic or hyperplastic type of goiter. This cardiovascular condition is entirely reversible. It is the management of the heart condition which has really reduced operative mortality. In order to get the most benefit out of the management of the heart, it is necessary to take cognizance of the fact that the heart function is only a manifestation of the action of the toxin or secretion from the thyroid gland. All management must be handled from the standpoint of thyroid activity and then to do as much for the heart itself as is possible.

Bed rest was the most valuable therapeutic aid we had. It is just as valuable today. The abuse of bed rest in our experience is not applicable to toxic thyroid. We must also remember there is a marked difference between bed rest in the home and bed rest in the hospital. It is necessary to remove the patient away from the emotional events that come up in the home when the patient is there, whether it is the housewife who will still try to run her house from the bed or the man who will transact his business while resting at home. The reduced number of visitors in the hospital is a very good thing. During bedrest in the hospital associated with the absence of external mental disturbances, there is a much better chance for the thyroid to quiet down in its function. This can be aided by the use of an ice collar around the neck and an ice bag over the heart.

The use of iodine in its many forms is centuries old. Its popular revival by Plummer was accepted and its use became universal. I believe more credit is given iodine than it deserves. A good many years ago I ran a series of patients in which the alternate patients were placed on Lugol solution and others were given no iodine. These patients were all in the hospital. I cannot say that I noticed a very marked difference. The use of digitalis is still a debatable question. I do believe that the patient does better with it than without it. The use of a sedative is desirable. Bromides and phenobarbital are the two most frequently used. If the patient sleeps well and is not very apprehensive, I prefer to have him go along without the use of sedatives. Only a few patients fall into this category. In the acute crises, that we used to see much more frequently than we do today, we prefer morphine without atrophine in conjunction with iodine and digitalis and ice cold packs or sponges. The acute crisis is usually over in 48 hours.

In thyroid disease there is an excess of catabolism over anabolism. This can be recognized by the tremor, the tachycardia, the increased pulse pressure, the increased feeling of warmth by the patient, the increased appetite and consumption of food and the loss of weight. The body balance is being expended. This calls for an increased carbohydrate consumption. If a high carbohydrate diet is given to goiter patients it makes them feel better and stronger. In order to obtain this combustion of the carbohydrates and other food products, it is necessary that the body consume an increased amount of oxygen and this increase can be measured by means of basal metabolic rate. We must remember that the reading of the basal metabolic rate should not be accepted as being infallible as there are many things that will lead to error in its reading. This may be due to the contents of the calcilime, the arrangement of the mouthpiece and nasal gag and

the mental response of the patient while taking the test. I do not believe it is to be as reliable a guide to the condition of the patient as the quieting of the tremor, the lowering of the pulse rate and pulse pressure, the size and consistency of the thyroid and the appearance of the eyes in the exophthalmic type. The observation of the patient as a whole and in clinical detail should supersede any laboratory test. The observation of the patient, with the changes that take place, were frequently referred to by the older clinicians as clinical instinct, comes from experience and is indeed very valuable. Likewise, the testimony of the patients as to their own subjective feelings and their description of their objective symptoms is also valuable evidence in regard to their improvement.

We must remember that there is a normal exacerbation and remission in the function of the hyperthyroid. These evanescent symptoms will occur in both the hyperplastic type of thyroid, in which the change is general throughout the gland, and in the toxic adenoma. They occur while up and around though not as frequently nor with the same degree of remission as we get with rest in bed. It is during this period of remission that the most opportune time to operate has arrived. The length of this period of remission is not definite in any respect and when this quieting down has taken place the operation should be done. Waiting too long may bring another exacerbation. It is in this period of remission that the greatest degree of safety will be found. In other words, the better prepared the patient the less violent the reaction, the less danger of the post-operative crisis and the lower the death rate.

Thiouracil, whose bibliography I will not go into, was the next big advance. There were other thyroid inhibitory drugs having similar action upon the quieting of the thyroid, such as thio-urea, sulphocyanates and many others. One of the main objections to thiouracil was its untoward reactions, especially, agranuloeytosis with death rate. This was followed then by the 6-n-propyl-thiouraeil and the ethyl thiouraeil, the latter I have not used. The 6-n-propyl-thiouracil has not been used as long as the thiouraeil but it has been found that it does not have as many untoward reactions as thiouraeil. It is more powerful per milligram but it is not necessary to watch the patient as closely for evidence of agranuloeytosis and the other untoward reactions. We originally were using three grains of thiouracil three times a day and the patient watched closely. White counts were taken at least every two weeks for any evidence of leukopenia and if this occurred then the differential smears were made for evidence of agranulocytosis.

It is almost impossible to classify the goiter patients in regard to their reversibility of symptoms because it seems to me that if there was anything that required much individual study, it was toxic goiter while taking thiouraeil or propyl-thiouracil. The dosage required is certainly very variable. When we use thiouracil we usually start with a fairly large dose and then work downward with the dosage as the patient responds to treatment. With the propyl-thiouracil I have started out generally with 25 milligrams three times a day and increasing as the patient required it. Then as the patient improved, the dosage was dropped gradually and in some cases it was found that they could get along without any. I prefer to do this as soon as possible, preferring to put the patient back on propyl-thiouraeil if necessary, trying to avoid the hypothyroidism that sometimes follows its prolonged used. I cannot explain why, but many patients will remain stationary when they seem to be going along with a normal blood pressure, normal pulse rate and a normal basal metabolic rate without propyl-thiouraeil. Another will get an exacerbation of symptoms and in the third group, after a period of remaining stationary, tend to become hypothyroid.

I have had only one case of agranulocytosis in which the granulocytes returned promptly but the leukopenia continued over a period of weeks. Liver extract was given at this time because it was before the use of penicillin. The patient is still in very good condition. Another reaction that I have had is the rash with fever which is similar to what I have experienced over the past 25 years with the use of sulphocyanate. It is very distressing and the patient complains of more or less indefinite pain with the rash and a very weak and exhausted feeling. This occurred in a patient who had hypertension and an exophthalmic goiter and the rash and

fever in association with the exhaustion continue. It is very suggestive of spotted fever.

While I have not had severe reactions from propyl-thiouracil, I do not believe that we have had as many good results as we did with thiouracil, though I do believe that the safety of the propyl-thiouracil greatly offsets the increased deficiency we may have had with thiouracil. We have used both these drugs in preoperative care and I do believe that is where they have the most efficient place. I believe that we obtain a quicker remission of symptoms so that they are brought into a safer state for operation, in a shorter length of time, and I do not believe that the postoperative crises have been as frequent or as severe with the propyl-thiouracil given up until the day of the operation.

The statement is generally made that the amount of bleeding in the surgical field is greatly increased in the patient prepared with thiouracil or propyl-thiouracil. This is a very difficult thing to prove, since there is certainly a great variation in the vascularity of the toxic thyroid and the bleeding always varied greatly before the advent of these drugs. At least we can state definitely that we have had no more trouble from hemorrhaging since using these two drugs than we did previously.

We are confronted with the problem of whether we should attempt to carry these patients through entirely with the use of thyroid depressant drugs or whether we should still resort to surgery. There have been some bad reactions with thiouracil. At least, one can state assuredly that the death rate from these drugs has not been as high as the earlier death rate was with surgery. The doctor who has a death attributed to medicine is subject to greater censure, although unjustifiably so, than the man who has a surgical death rate. The death rate from surgery is to be expected; the death rate from medicine should not occur with the present general line of thought. It is to be hoped that this will change. There is another bad effect from the use of these drugs and that is upon the physician who gives them. He is in a constant state of worry because of the necessity of close observation over a long period of time and he is always living in the fear that some of these disagreeable complications will develop.

There is a question of the development of myxedema. There are very few successful partial or sub-total thyroidectomies in hyperplastic or exophthalmic goiters that do not result in some degree of hypothyroidism. If this hypothyroidism does not occur there is very apt to be some residual hyperthyroidism. As yet I have not had any disagreeable myxedamatous symptoms.

The recurrence of symptoms with the lapse of time of the patient who is treated medically, I do not believe, will be any different from the recurrence in the thyroidectomized patient. We do know that the results in the toxic adenoma are generally permanent while the tendency of recurrence is very high in exophthalmic and hyperplastic type of goiters. The patients with recurrence of symptoms following operation offer the best field, in my experience, for the use of thiouracil or propylthiouracil. Good results have also been obtained with x-ray in these patients and it should not be forgotten.

From the financial standpoint as far as the patient is concerned, it is probably less expensive to have the operation and have it all over with, than to have the frequent blood counts, basal metabolic readings and physical examinations which are necessary to follow these cases properly.

Name: Miss E. V. Age: 15

Sulfocyanate, gr. vi, t.i.d.

	B.P.	P.	Basal	
2- 5-46	128/62	124	+6	Thiouracil
7-16-46	118/70	124	—8	Sulfocyanate
8-13-46	118/70	92	+10	
12-21-46	110/74	88		Discontinue sulfocyanate
4-26-47	120/76	86		

Name: Mrs. C. M. Age: 55

	B.P.	P.	Basal	
7-29-46	130/80	144	+30	Cardiac irreg. an edema Thiouracil, grs. iii 2 t.i.d.
10-11-46	136/90	80	—11	
1-13-47	138/90	108		Propyl-thiouracil, 25 mgm.
4- 3-47	142/86	82		

Name: Mrs. R. M. Age: 24

	B.P.	P.	Basal	
6-23-46	142/66	124	+26	Thiouracil, 3 grs. t.i.d.
6- 9-46	118/60	108	+18	
9-20-46	112/62	82		
10-14-46	100/54	96		3 grs. a day
1-24-47	104/70	80		No medication
3-12-47	112/70	88		Feel fine

Name: M. T. Age: 53

	B.P.	P.	Basal	
6- 7-45	140/30	114	+48	Edema
Went to hospital				
7-20-45	156/90	120	+23	Edema gone Thiouracil, 6 grs. a day
7-27-45	150/80	74		
8-17-45	150/88	74		
9- 1-45	148/82	76	+23	
10- 6-45	128/72	78		
12-29-45	120/74	84		Discontinue thiouracil
3-22-47	108/80	76	—5	Dry skin

Name: Miss A. Q. Age: 45

	B.P.	P.	Basal	
5-25-45	142/86	90	+10	Palpitation and tremor
6-28-45	126/80	70		
3-31-47	120/78	80	—6	

White Blood Count

5-25-45	8,300
6-14-46	5,000
12-12-46	5,750

You can see from the results shown in the table which is printed only to show five different effects of these drugs, how difficult it is to give any real statistical data for this condition. It is my opinion that the patient just starting in on an early hyperthyroid state is better treated with these drugs and if they respond readily and rapidly with very little observation and treatment to continue them that way. The severe cases will do better with the sub-total thyroidectomy.

It will take several years more to know the full value of these drugs and their proper administration. I do not believe that we should be too hasty to draw a definite conclusion but can positively state that they are the most valuable adjunct we have in the management of thyrotoxicosis and will remain so until something better is found.

There is one word of caution that I would like to add about thyroid cases with severe broken compensation and edema. It is not advisable to believe that the reserve power of the heart is sufficient to withstand an operation after the edema has disappeared. The heart rate and regularity is restored to normal with propylthiouracil in much less time than is accomplished with other types of cardiac failure. It is much better to wait two or three months before attempting a thyroidectomy in these cases until sufficient reserve force is acquired by the heart muscle.

A. M. A. WILL HONOR GENERAL PRACTITONER BY GOLD MEDAL

New Award For Exceptional Service Will Be Given At Cleveland Session In January, 1948

The Board of Trustees of the American Medical Association has established a special gold medal for a general practitioner who has rendered exceptional service to his community.

The award, similar to the American Medical Association's Distinguished Service Medal which has been given annually since 1938 for scientific advancement in the field of medicine, will be given to a general practitioner for the first time at the supplemental session of the House of Delegates at Cleveland, Ohio, on January 7, 1948.

Designed especially for the physician who has served his people as a family doctor and who does not devote himself exclusively to a specialty in medicine, the award will be known as "the medal of the American Medical Association for exceptional service by a general practitioner."

Nominations for the award may be submitted to the headquarters office of the American Medical Association in Chicago by any state medical association or community service club, such as a Rotary, Kiwanis or Lions Club, Chamber of Commerce, woman's club, community council or similar group. The nomination should include the name and address of the physician, his scholastic record and a record of his medical service in the community

Dr. E. L. Henderson, Louisville, Ky., chairman of the Board of Trustees, said that "this annual award will stimulate the interest of the medical profession and the American people in the tremendous service by general practitioners all over the country in caring for the sick."

New Instruments

A LIGATURE-CARRYING ANEURYSM FORCEPS

A Modification of the Mixter Forceps

RAYMOND W. MCNEALY, M.D.
JACOB A. GLASSMAN, M.D.
CHICAGO

The many uses of the Mixter forceps impressed us with its adaptability as a ligature-carrying aneuraym forceps. Most aneuryam needles offer no advantages in dissection or separation

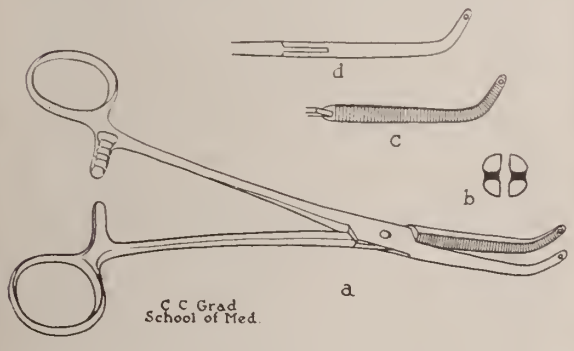


Figure 1

of tissue and are applicable for ligature passing after the exposure has been completed by another instrument. In the instrument which we have modified, there is the advantage that it can be used in the dissection and immediately brought into play as an efficient and safe ligature-carrying forceps. The possibility of carrying a double ligature with one movement is many times very

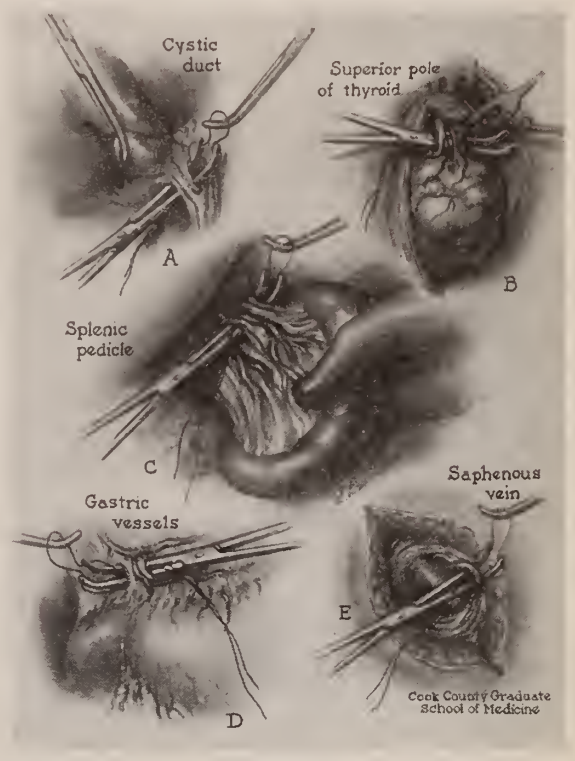


Figure 2

helpful and when the blades are separated, there is no difficulty in picking up both strands and tying them to their opposite ends.

The eyes in the tips of the forceps are beveled in order that the ligature will not be frayed as the instrument is withdrawn. See Figure 1. The illustrations in Figure 2 give some of the more common uses for which this instrument is particularly adapted.

From the Department of Surgery of the Cook County Hospital, Cook County Graduate School of Medicine, and the Wesley Memorial Hospital, Chicago, Illinois.

AN IMPROVED NON-TRAUMATIZING VISCERA-HOLDING FORCEPS

RAYMOND W. MCNEALY, M.D.
JACOB A. GLASSMAN, M.D.
CHICAGO

There is a need for a non-traumatizing type of viscera-holding forceps. There are innumerable clamps designed for this purpose which are now in use. The merits of each one has encouraged its use in selected instances. The instruments designed by Allis, Barrett, Judd, Percy, and Babcock have been found useful. We have felt that an instrument could be devised which could incorporate some of the advantages of each of the above.

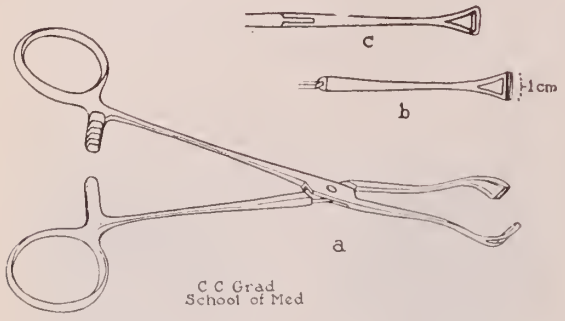


Figure 3

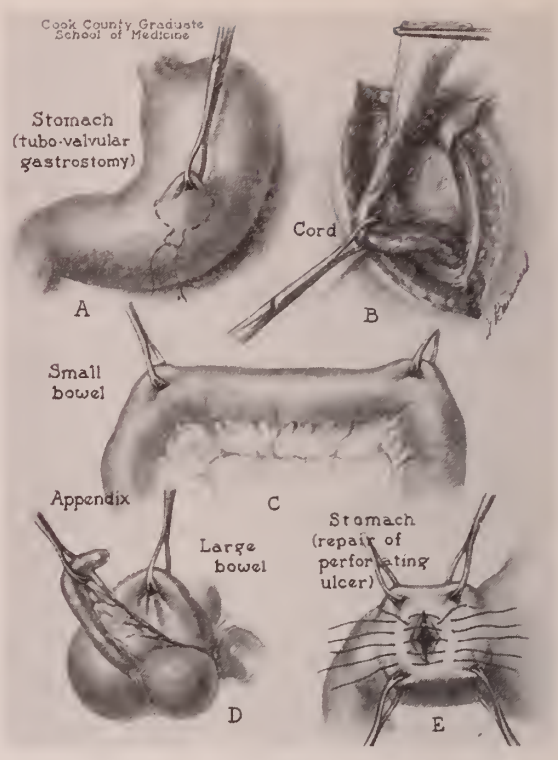


Figure 4

This instrument which we have designed has great flexibility and is sufficiently strong and secure in its application to prevent the tissues held in its grasp from being dislodged easily. Even when applied to very delicate structures, there is little tendency to crush or tear. The four ratchets in its locking devise give a very wide choice in the amount of force which one may elect to apply. Some of the advantages of this clamp are worthy of attention. See Figures 3 and 4. The approximating jaws are wider and longer than the Babcock forceps and are devoid of sharp corners. The shanks are curved in order to permit the encirclement of such structures as the spermatic cord, appendix, and Fallopian tube, without crushing or constriction. These shanks are so flexible that they permit a firm grasp of viscera without a crushing or tearing effect.

From the Department of Surgery of the Cook County Hospital, Cook County Graduate School of Medicine, and the Wesley Memorial Hospital, Chicago, Illinois.

News of the State

PERSONALS · COMING EVENTS · MARRIAGES · DEATHS

BUREAU COUNTY

Society News.—Dr. Lester Dragstedt, professor and chairman of the department of surgery, University of Chicago School of Medicine, addressed the Bureau County Medical Society, September 9 in Princeton, on "Vagotomy."

CHRISTIAN COUNTY

Society News.—Dr. Nathan Womack, professor of surgery, Washington University School of Medicine, St. Louis, addressed the Christian County Medical Society at the Pana Country Club, Pana, September 23. Included among the guests at the meeting was Dr. Irving H. Neece, President of the Illinois State Medical Society, Decatur. Dr. Wilfred S. Miller, Assumption, is secretary of the Christian County Medical Society.

COOK COUNTY

Lectures on Alcoholism.—Alcoholism and Contemporary Life, a series of public lectures designed to present the basic medical and social aspects of chronic alcoholism and compulsive drinking, were given under the joint sponsorship of Roosevelt College of Chicago and the Chicago Committee on Alcoholism on Monday evenings from September 15 through October 20. The following speakers presided:

September 15, "Alcohol and Alcoholism," Dr. Anton J. Carlson, professor of physiology (emeritus), University of Chicago and president and scientific director, Research Council on Problems of Alcohol.

September 22, "Alcoholism in Perspective," Dr. David B. Rotman, director, Psychiatric Institute, Municipal Court of Chicago. Discussant: Dr. Harriet R. Mowrer, Domestic Discord Consultant.

September 29, "Alcoholism As A Behavior Disorder," Dr. David Slight, superintendent, Veterans' Rehabilitation Centers, Illinois Department of Public Welfare.

October 6, "Alcoholics Anonymous in Action," Lecturer: Anonymous.

October 13, "Alcoholics in Institutions," Dr. Francis J. Gerty, medical director, department of psyciatry, Illinois Neuropsychiatric Institute.

October 20, "Community Action on Alcoholism," Dr. Selden D. Bacon, chairman, Connecticut Commission on Alcoholism. The panel discussing this paper included Hon. J. M. Braude, Municipal Court of Chicago; Walter O. Cromwell, associate director, Juvenile Protective Association of Chicago; and Dr. Paul Hletko, chief, medical officer, Division of Medical Care and Treatment, Illinois Department of Public Welfare.

Elmer Wirth Dies.—Elmer H. Wirth, professor of pharmacognosy and pharmacology, and director of the Drug Plant Experiment Station, University of Illinois, died on September 26.

George Gardner Named Head of Department.—The appointment of Dr. George H. Gardner as new chairman of the department of ostetrics and gynecology in the Northwestern University medical school was recently announced by Dr. J. Roscoe Miller, dean. Dr. Gardner succeeds Dr. Arthur H. Curtis, who has retired.

Professor of gynecology at Northwestern since 1946, Dr. Gardner also has been assistant dean of the medical school since 1942. He has been a member of the faculty since 1927.

A native of Osborn, Ohio, Dr. Gardner received his medical degree from Johns Hopkins University after doing undergraduate work at Wittenberg College, Springfield, Ohio. His internship and medical residences were served at Johns Hopkins hospital. In private practice in gynecology in Chicago since 1926, he was on the staff of St. Luke's hospital from 1927 to 1929, of Passavant Memorial hospital from 1929 to 1945, and has been chairman of the department of obstetrics and gynecology at Wesley Memorial hospital since 1946.

Dr. Gardner is a member of several societies, including the Chicago and Illinois Medical Societies, the American Medical Association, is a life member of the American College of Surgeons, and belongs also to the Chicago and American Gynecologial Societies.

New Laboratory For Physical Environment in Health and Disease.—The University of Illinois will break ground Friday, September 26, for the

erection of a $400,000 laboratory for the study of physical environment in health and disease.

Governor Dwight H. Green spoke at the groundbreaking ceremony, on the campus of the Chicago Professional Colleges of the University, 1853 West Polk street.

The laboratory, to be known as the Aero Medical and Atmospheric Institute, will be equipped with apparatus for the study of aviation medicine, and the study of cold, heat, and barometric changes of the body. Knowledge gained from research is expected to be of great value to the Army, Navy, and Air Forces.

Dr. A. C. Ivy, vice president of the University of Illinois in charge of the Chicago Professional Colleges, disclosed that the Institute will train men for research and other types of work in the armed services. Problems of interest to civilian aviation also will be investigated.

Illinois Dean Named Director of Eye and Ear Infirmary.—Dr. John B. Youmans has been appointed medical director of the Illinois Eye and Ear Infirmary, according to an announcement by Cassius Poust, Springfield, director of the State Department of Public Welfare. Mr. Poust also announced the appointment of Dr. William F. Hughes, Jr., as ophthalmologist-in-chief of the infirmary. Mr. Poust said the medical directorate was established to replace the former position of infirmary chief of staff, a post recently held on a temporary basis by Dr. Peter C. Kronfeld. Dr. Kronfeld will continue at the infirmary in teaching and research capacities.

Officers of Tuberculosis Society.—Dr.Camillo E. Vollini was elected president on September 25 of the Chicago Tuberculosis Society. Other officers are Dr. Ernest Nora, vice-president; and Dr. Joseph Taymor, secretary-treasurer.

Physicians Honored.—Dr. Paul H. Holinger has been named winner of the grand prize in the scientific film section at the World's Film and Fine Arts Festival conducted at Brussels, Belgium. Dr. Holinger and Dr. Ralph G. Rigby, former faculty member of the University of Illinois College of Medicine, submitted the film, "Bronchial Tumors," a kodachrome movie of the bronchi taken through a bronchoscope.

Retirements at University of Illinois.—Dr. William H. Welker, head of the department of biological chemistry, who has watched the University of Illinois college of medicine grow "from a small building to the largest medical school in the nation" has announced his retirement from the faculty.

Dr. Welker completed his 34th year on the University staff on September 1. He joined the faculty as an assistant professor of biological chemistry in 1913 just after the College of Physicians and Surgeons of Chicago had been taken over by the University of Illinois as its college of medicine.

The 67-year old specialist in the field of immunological properties of proteins contributed to the development of graduate study in medical sciences at the University. He currently serves as chairman of the committee on graduate study, and is a member of the executive committe of the graduate school.

Following his retirement from actual teaching, Dr. Welker plans to complete research in cancer which he is currently conducting. He also will serve as consultant to the University's Allergy unit, started in January, 1946, to provide comprehensive training for physicians in the field of allergy.

Four other members of the college of medicine faculty also have retired. They are:

Dr. Dietrich Klemptner, an associate in medicine who joined the University faculty in 1928. Dr. Klemptner received his doctor of medicine degree from University Dorpat, Russia.

Dr. Herman L. Kretschmer, clinical professor of urology, who has been a member of the University faculty since 1941, is a graduate of Northwestern University medical school.

Dr. Charles Phifer, clinical professor of surgery, a graduate of the College of Physicians and Surgeons of Chicago in 1902, who has taught at Illinois since 1913.

Dr. Kellog Speed, clinical professor of surgery, who joined the staff in 1941 when Rush Medical College affiliated with the University of Illinois. He is a graduate of Rush.

The retirements were effective on September 1.

Chicago Heart Association.—Among the speakers of the Chicago Heart Association were Dr. N. C. Gilbert, "Functional Heart Disease"; Dr. Chauncey C. Maher, "Auricular Fibrillation as a Complication of Rheumatic Valvular Disease"; Dr. G. K. Fenn, "Treatment of the Acute Phase of Coronary Occlusion"; and Dr. Alfred Solomon, "Emotional Factors in Some Cases of Hypertension".

Illinois Physicians Granted Patent on New Cream.—Dr. A. C. Ivy, vice president of the University of Illinois in charge of the Chicago Professional Colleges, and Dr. Gordon B. Fauley, formerly of the U. S. Navy and now a member of the staff of Norwegian-American hospital, Chicago, have been granted a patent on a composite cream which protects the skin against extremes of heat and cold.

The cream or ointment was designed originally to prevent flash burns from explosions aboard ships and in other confined spaces, such as tanks and gun turrets. Dr. Ivy said that the product will provide a degree of protection afforded by none other known for this purpose.

The ointment, especially valuable in industrial occupations, makes a smooth, even coating which does not rub off. It is non-toxic, non-allergic, and non-irritating to the human skin and may be removed by soap and water.

The most important ingredient of the cream is titanium oxide, and the preferable solvent is isopropanol "which normally evaporates with the resulting production of a hard but flexible film."

Ingredients also include a lubricant, such as magnesium stearate, and in diminishing quantities, linseed oil, borax, and other "component agencies."

Percival Bailey Promoted.—Dr. Percival Bailey, internationally known neurologist, has been promoted to the rank of distinguished professor of neurology and neurological surgery at the University of Illinois College of Medicine.

The promotion has been announced by Dr. John B. Youmans, dean of the medical school. Dr. Bailey has been a member of the University of Illinois faculty since 1939. He has gained international recognition for research in the fields of neurology, neurophysiology, pathology, and surgery. In his studies, he proved that diabetes insipidus is caused by an injury at the base of the brain.

He also gained recognition by classifying gliomatous tumors of the brain. During the past five years, Dr. Bailey has conducted research on the organization of superficial layers of the brain.

A native of Mt. Vernon, Ill., Dr. Bailey attended Southern Illinois Normal at Carbondale, and received a bachelor of science degree from the University of Chicago in 1914. He later received the doctor of medicine degree from Northwestern University, and his doctor of philosophy degree from the University of Chicago.

The 55-year old scientist has served on the staff of Mercy hospital, Cook County hospital, Billings hospital, University of Chicago clinics, and the Illinois Neuropsychiatric Institute, Chicago, and at hospitals at Boston, Mass., and Paris, France.

Dr. Bailey has been a member of the faculty at Harvard medical school, Northwestern University medical school, and the University of Chicago school of medicine.

Personal.—Dr. Edward K. Reid, Rome, New York, has joined the Council on Medical Education and Hospitals, American Medical Association, effective September 1, to carry on the programs of hospital inspections.

George Leroy Heads Speakers' Bureau for Heart Group.—Appointment of Dr. George V. LeRoy, assistant professor of medicine at Northwestern University Medical School, as Chairman of the Speakers' Bureau of the Chicago Heart Association is announced by Dr. G. K. Fenn, President of the Association.

Announcement is also made by Dr. Fenn of the appointment of Miss Josephine Bessems as Educational Director of the Chicago Heart Association. Miss Bessems previously was Director of Lay Education of the Illinois Division of the American Cancer Society and Executive Secretary of the Chicago Cancer Committee.

The Chicago Heart Association is planning an intensified program of lay and professional education aimed at the prevention and control of heart disease, which now kills upwards of 400,000 men, women and children a year in the United States — more than cancer, tuberculosis, pneumonis and accidents combined.

Society News.—Dr. Walter Palmer, professor of medicine, University of Chicago School of Medicine, addressed the luncheon meeting of the Rotary Club at the Hotel La Salle, September 16, on "The Fight Against Cancer". Dr. Malcolm T. MacEachern, associate director, American College of Surgeons and chairman of the club's Administrative Board, presided as chairman of the meeting.—Dr. John Bellows, Chicago, addressed the Milwaukee Oto-Ophthalmic Society, October 28, on "Use of Antibiotics in Ophthalmology." Dr. S. Blankstein, Milwaukee program chairman of the society, reported this item while a visitor in the office of the Educational Committee of the Illinois State Medical Society.

Cecil Watson Addresses Institute of Medicine.—On October 24, Dr. Cecil J. Watson, professor of medicine, University of Minnesota Medical School, Minneapolis, addressed the Institute of Medicine of Chicago and the Chicago Society of Internal Medicine at the Palmer House, on "Some Aspects of the Porphyrin Problem in Relation to Disease."

Dr. Phemister Honored.—Dr. Dallas B. Phemister, Chicago, was chosen president elect of the American College of Surgeon at its recent meeting in New York. The 1948 congress will be held in October. Dr. Phemister was also recently made an honorary fellow of the Royal College of Surgeons, London.

Train Physicians for Atomic Disaster.—The University of Chicago inaugurated a six month special course, November 10, to teach physicians how to care for patients suffering from radiological sickness and injuries resulting from an atomic bomb explosion, according to the Chicago Tribune. This is said to be the first course of its kind ever presented in the world's history. Nineteen physicians, representing the army, navy, air forces, and the United States public health service are among the enrolled, in addition to some civilian physicians. Subjects studied include effects of deadly rays liberated by the bomb on human tissue.

Progress in Medical Center Development.—In a recent statement, Dr. Walter H. Theobald, president of the Medical Center Commission, disclosed that Cook County hospital, Loyola University, and the Chicago Medical Society are contemplating projects in the district in the near future. The Medical Center District on Chicago's West Side embraces 305 acres.

Architectural plans have been completed and ground purchased for the new home of the Cook County graduate school of medicine. The building, slated for construction on the corner of Wood and Flournoy streets, will be seven stories high and of modernistic design.

Early next year, Loyola University will start a campaign to raise $12,000,000 to build and endow a new home for their medical and dental schools, now located in separate buildings. Cook County hospital also is planning to expand its facilities by new construction on a large scale. The construction of

a new 1,000-bed hospital on Damen avenue is another building project in prospect.

The Belfield Memorial Lecture.—Dr. Hans Selye of the University of Montreal, Montreal, Canada, gave the nineteenth annual William T. Belfield lecture to the Chicago Urological Society at a meeting in the Palmer House, October 16. He discussed "The Role of Hormones in Hypertension". The clinical meeting of the society included the following speakers: Dr. Andrew McNally, "Differential Diagnosis of Abdominal Masses"; Dr. William J. Baker, "Diversion of the Urinary Stream" and "Transurethral Revision of the Neurogenic Bladder Neck"; Dr. Lester Wilkey, "Large Vesical Calculus"; Dr. David Presman, "Retropubic Prostatectomy"; Dr. Herman Soloway, "Carcinoma of the Ureter"; Dr. Edwin C. Graf, "Hemorrhage Into an Adrenal Tumor"; Dr. John Carney, "Priapism Associated with Sickle Cell Anemia" and "Suprapubic Punch in Poor Surgical Risk"; Dr. Louis Erlich, "Demonstration of Interesting Patients"; and Dr. Alex Ragins, "Urological Pathology".

University News.—"Fever As a Diagnostic Aid" was discussed by Dr. Erik Ask-Upmark, head of the department of medicine, University of Upsala, Sweden, during the assembly hour at the University of Illinois, October 1. "Pharmacology of Antihistamine Drugs" was discussed in a similar program, October 8, by Daniel Bovet, professor of pharmacology, University of Rome, Italy.

New Head of Department of Psychology.—Dr. James G. Millar, chief of the clinical psychology section of the neuropsychiatric division of the veterans administration, has been named chairman of the department of psychology, University of Chicago. According to newspaper reports, Dr. Miller served in the war as a neuropsychiatrist to assess the personalities of secret agents for the United States army in the European theater of operations.

Society News.—"Recent Advances in the Treatment of Tuberculosis with Streptomycin with Presentation of Cases" was the theme of the meeting of the Chicago Tuberculosis Society at the Bismarck Hotel, September 25. Speakers, who also presented cases, included Dr. Arnold Shmaskin, Drs. Otto C. Schlack and Minas Joannides, Dr. Edwin R. Levin, Dr. Charles K. Petter, and Dr. Jerome Head. Dr. Phillip Thoreck, Chicago, discussed "The Acute Abdomen" before the Eleventh Indiana Councilor District Medical Association in Peru, September 17.

Personal.—Dr. Milton Tinsley, instructor in neurological surgery at the University of Illinois College of Medicine has been promoted to the rank of assistant professor, it has been announced by Dr. Eric Oldberg, head of the department.

Dr. Tinsley graduated from the University of Illinois College of Medicine in 1934, and received his master's degree in surgery four years later. He later served as a fellow in neurosurgery at Lahey clinic, Boston, Mass., and then joined the faculty of the University of Illinois in 1940 as an instructor.

Dr. Tinsley served in the U. S. Army during the war, rejoining the University of Illinois staff in November, 1945.

DUPAGE COUNTY

Society News.—Dr. Louis B. Newman, chief of physical medicine and rehabilitation at the Veterans Administration Hospital, Hines, Illinois, addressed the staff of the Memorial Hospital of Dupage County, Illinois, in Elmhurst, on September 9, 1947. His subject was "Rehabilitation of the Severely Disabled". Lantern slides depicting the various activities on the rehabilitation program were shown.

MACON COUNTY

Doctor English Wins Golf Prize.—Dr. Harlan English, Danville, Councilor of the Eighth District, won the Flint-Eaton cup of the Macon County Medical Society during its golf tournament at Scovill Park, August 21. Dr. English had a low medal of 78, the best putting with 31. Dr. Arthur C. Simon, who originated the tournament ten years ago, won the Bankers Handicap Trophy with a gross of 92. New Members of the Macon County Medical Society include Drs. Arthur A. Adler, Robert E. Haan, Ferris D. Highsmith and Walter W. Murfin.

Macon County Bulletin has First Anniversary.—The bulletin of the Macon County Medical Society observed its first anniversary with its August issue. The bulletin is an interesting compilation of local activities and reflects the progress of the county medical society.

Personal.—Dr. Ferris D. Highsmith has opened an office at 763 Citizens Building, Decatur, and is limiting his practice to internal medicine.

MADISON COUNTY

Society News.—Dr. Eugene M. Bricker, assistant professor of clinical surgery, Washington University School of Medicine, St. Louis, addressed the Madison County Medical Society, at the Round House, Wood River, October 3. His subject was "Carcinoma of the Large Bowel and Rectum."

GENERAL

Illinois Children's Hospital Observes Anniversary.—The Illinois Children's Hospital School, 2551 North Clark Street, Chicago, observed its first anniversary, September 23. There are about forty-two seriously handicapped young patients ranging from three to twenty years of age being cared for by a staff of some seventy-five members.

Recruitment of Nurses.—The Illinois State Nurses' Association, 512 Willoughby Tower, 8 South Michigan Ave, Chicago 3, Central 9708, recently launched an intense campaign to recruit nurses. The association points out that the shortage of 45,000 nurses causes a problem to be of nation wide concern.

Everett Coleman Honored.—Dr. Everett P. Coleman, Canton, Illinois, Past President of the Illinois State Medical Society and the Mississippi Valley Medical Society, has been honored by the Mississippi Valley Medical Society as its Distinguished

Service Award Recipient for 1947. The award, consisting of a gold medal and a certificate was presented to Dr. Coleman by the Society's President, Dr. Walter A. Sternberg, at the banquet on the occasion of the 12th Annual Meeting at the Hotel Burlington, Burlington, Iowa, October 2. The citation in connection with the award read: "Distinguished surgeon, humanitarian, loyal civic leader in his community, infatigable leader in organized medical circles, and unfailing worker and officer in the Mississippi Valley Medical Society."

Each year the Mississippi Valley Medical Society presents a Distinguished Service Award to one of its members "who has rendered unusual and distinguished service to the medical profession". Members who have received the award in previous years include the late Dr. Joseph B. DeLee, professor emeritus of obstetrics, University of Chicago School of Medicine; Dr. Walter Stevenson and Dr. Harold Swanberg of Quincy, Ill., the former, the first President, and the latter, the founder of the Society.

Illinois Participants in Out-of-State Activities.—The following Chicago physicians appeared at the American College of Allergists meeting in Cincinnati, November 3-8:

Dr. Morris A. Kaplan, University of Illinois College of Medicine, on "The preparation and standardization of extracts."

Dr. Leon Unger, Northwestern University Medical School, on "Bronchial Asthma: Diagnosis, Management and Treatment."

The following Chicago physicians appeared at the Ninety-seventh Annual Session of the Medical Society of the state of Pnnsylvania in Pittsburg, September 15-18.

Dr. Peter C. Kronfeld, on "Reoperation for Glaucoma."

Dr. Herbert E. Schmitz, on "The Treatment of Carcinoma of the Cervix with Supervoltage X-ray Therapy and Radium" (Lantern Demonstration).

Postgraduate Course on Allergy.—A 12-month postgraduate course designed to train specialists in allergy will be offered by the University of Illinois to six physicians during the 1947-48 school year.

The course, unique in medical school curricula, represents a comprehensive program for clinical training and research in allergy. It will be offered by the University's allergy unit, a joint organization of the colleges of medicine and pharmacy.

Training offered by the University of Illinois in this field is expected to help alleviate the shortage of allergists in the country. Medical authorities have pointed out that half of the people in the nation suffer from allergy of some sort, and that 10 percent are afflicted with a major allergy.

The course, though primarily clinical in scope, will include instruction in basic subjects related to allergy. The training and research program will be correlated with the University's allergy clinic which cared for 11,103 outpatient visits during the past year.

The allergy unit is headed by Dr. Ben Z. Rappaport. Staff members include Dr. Adolph Rostenberg, Jr., dermatologist; Dr. Elmer L. Becker, immuno-chemist; and Dr. Max Samter, internist.

HEALTH DEPARTMENT ACTIVITIES

Free X-Ray Examinations at State Fair.—Of 14,180 persons receiving chest x-ray examinations during the 10 days of the Illinois State Fair at Springfield, 129 are suspected of having tuberculosis, according to a report issued by Dr. Roland R. Cross, state director of public health.

This chest x-ray service, which was offered free to any adult attending the fair, was a part of the case-finding program of the division of tuberculosis control of the state department of public health.

Emphasizing the fact that "early tuberculosis has no symptoms," Dr. Cross pointed out that this survey among apparently healthy persons was designed to uncover hidden cases of tuberculosis in their early begining stages when recovery from the disease is most likely.

"While every suspected case has been referred to his family physician for additional study before final diagnosis is made, 70 per cent of these cases are believed to be in the minimal of beginning state of the disease." Dr. Cross stated. Fifteen of the 129 are suspected of having tuberculosis in a moderately advanced stage, and nine are beleived to be far advanced cases. One is classified as having a primary or childhood infection and the remaining 14 cases show evidence of tuberculosis that has already healed."

Dr. Cross also emphasized the fact that tuberculosis today is principally a disease of adults. He cited figures from the survey showing that the incidence of suspicious cases increased with the aging of the population. In persons under 20 years of age, only one out of every 1,000 x-rayed showed evidence of tuberculosis. For the age group 20 through 39 the rate of suspicious cases increased to six per 1,000, and for the 40 through 59 age group the rate was 15. The highest rate recorded, 50 cases per 1,000 x-rayed, was found among persons 60 years of age and older.

That tuberculosis usually is more prevalent among males than females was also indicated by the report. Of 6,779 males x-rayed, 68 showed evidence of tuberculosis, while among the female group of 7,401, only 61 suspicious cases were discovered.

Dr. Cross advocated the eventual x-raying of every adult in Illinois.

"The result of this and similar surveys," he said "leads me to believe that this method of finding cases of tuberculosis will contribute immeasurably to the final elimination of the disease as a major public health problem in this State."

The State's Health.—That Illinois may experience a natural population gain of approximately 100,000 in 1947 is indicated by a vital statistics report for

the first six months of this year released October 1 by Dr. Roland R. Cross, state director of public health.

The report shows that during the first half of this year the number of birth recorded in Illinois was 94,267, exceeding the number of deaths by 46,000. In the comparable period of 1946 the State reported 65,857 births exceeding the number of deaths by only 19,925.

All causes were responsible for the total of 47,667 deaths in the State during the first half of the year. an increase of 1,735 over the corresponding period of 1946.

Mortality from tuberculosis was down by more than 8 per cent during the 1947 period, one of the most encouraging features of the report. The number of deaths attributed to tuberculosis stood at 1,448 for the first six months as against 1,579 in the same period of 1946. Marked declines were also noted in the deaths from diphtheria, measles, meningitis, poliomyelitis and scarlet fever.

Whooping cough was the only communicable disease responsible for a significantly higher mortality than in the first half of 1946. The disease claimed 26 deaths during the 1947 period, as compared with 11 for the same period last year.

Upward trends also marked the death rates from cancer and heart disease. Cancer accounted for 6,630 deaths, against 6,379 for the 1946 period. Heart disease was charged with 18,009 deaths, compared with 16,726 for the first half of 1946.

The report also shows that deaths attributed to accidents were up slightly, increasing from 2,526 in the 1946 period to 2,594 in the first six months of this year.

Illinois Receives First Government Approval for Hospital Aid:—The first application for financial aid in the construction of a hospital under the provisions of the state's long-range plan was signed recently by Dr. Roland R. Cross, state director of public health, who approved plans for constructing a new 100-bed structure at Mount Vernon by the Good Samaritan Hospital. This was the first application for federal aid submitted, Dr. Cross said, and meets all of the requirements of the recently launched hospital construction program which was approved by the surgeon general of the United States public health service on August 8.

Distribution of Biologic Preparations Increases.—More biologic preparations for the protection of the people of Illinois against disease were distributed by the state department of public health during the year ending June 30 than during any previous 12-month period on record, according to a report issued by Dr. Roland R. Cross, director of the department.

"The magnitude of the problem of disease prevention in Illinois is suggested by the large number of preventives in the way of vaccines and serums which were distributed last year by the state department of public health," Dr. Cross stated. "Vaccine enough to protect more than three-fourths of a million people against smallpox, toxoid enough to prevent diphtheria in more than 200,000, and vaccine sufficient to inoculate more than 100,000 persons against typhoid fever and to immunize approximately 100,000 children against whooping cough were distributed free to the inhabitants of this state."

Dr. Cross also pointed out that vaccine for protection of approximately 35,000 people against influenza and silver nitrate sufficient to give prophylactic treatment to the eyes of every baby born in Illinois were provided during the 12-month period.

The report also shows that a large volume of biologic materials for testing purposes, as well as drugs for the treatment of various diseases, was distributed by the department. The cost of all of these materials for the entire year was $206,792.

"This growth in the distribution of biologic products, which has been in evidence for several years, indicates a greater alertness on the part of the medical profession and a greater interest on the part of the public in the prevention and control of disease," Dr. Cross concluded.

New Diagnostic Clinic Opened.—A new state-aided cancer diagnostic clinic was opened September 25 at the Savanna City Hospital, Savanna, under the direction of Dr. E. C. Turner. Clinic sessions are scheduled for the last Thursday of every month.

"For The Common Good"

The splendid participation of Illinois physicians in the activities of the Scientific Service Committee was exemplified recently when every monthly program for the Logan County Medical Society, beginning with October 16 and ending with May 20, 1948, was filled on the first invitation. Dr. D. M. Ballinger, secretary of the Logan County Medical Society, submitted his entire program to the Scientific Service Committee.

A similar tribute should be paid to Dr. Leon M. Gardner, Secretary of the Will-Grundy County Medical Society. He too submitted his year's program, calling for two meetings a month. Half of this schedule has been completed, with similar response by the invited speakers.

All speakers before lay groups are urged by the Educational Committee to mention in their presentations animal experimentation and the work of the National Society for Medical Research.

The Educational Committee, at its meeting, October 4, urged the creation of an advisory committee to the Illinois Congress of Parents and

Teachers. The Council of the State Medical Society the following day appoved the recommendation and named Dr. George L. Drennan, Jacksonville, chairman of the new group. Other members are Dr. Henry G. Poncher, professor of pediatrics, University of Illinois College of Medicine, and Dr. John L. Reichert, Chicago.

The Committee on Nutrition of the Chicago Medical Society should be congratulated on the successful Conference on Nutrition at the John B. Murphy Memorial October 1. Commendation should go to Carlos I. Reed, Ph.D., professor of physiology, University of Illinois College of Medicine, for his efforts in arranging a splendid program, and to John P. O'Neil, chairman of the Committee on Nutrition, for his personal efforts in securing widespread publicity.

Dr. N. C. Barwasser, Moline, has a little pocket stamp, bearing his name and address, that he uses whenever his signature is required. Claims that the gadget is a time-saver.

Dr. Ernest M. Dewhirst, Danville, visited the Office of the Educational Committee, October 10. With him were his two daughters, Valorie and Erinestine, aged 5 and 14, respectively.

Members of the Woman's Auxiliary who were visitors in the Office of the Educational Committee recently were Mrs. Walter Stevenson, Quincy, Second Vice President of the state, and Mrs. Andrew J. Sullivan, Chicago, in charge of archieves for the auxiliary to the Chicago Medical Society.

A poster contest was conducted in the local schools by the Calumet Branch of the Woman's Auxiliary, Chicago Medical Society, the winning poster was to best publicize its meeting November 14 at which Dr. Warren W. Fury, President of the Chicago Medical Society introduced the guest speaker, Dr. Morris Fishbein, Editor of the Journal of the American Medical Association, who discussed "One Hundred Years Progress in American Medicine."

The Committee on Rural Medical Service is preparing a brochure for distribution at the National Farm Show at the Coliseum, Chicago, November 29—December 7. Dr. Harlan English, Danville, is chairman of this committee.

Dr. Harold M. Camp, Secretary, Illinois State Medical Society, lectured before the Kiwanis Club in Jacksonville, October 9, on "Why Voluntary Prepayment Medical Care Plans."

Some time ago a comment appeared in these columns that it would be interesting to add up the amount of time spent by busy physicians in carrying on Committee activity, apart from their long hours of practice. A significant example is the appointment by the Chicago Medical Society of Dr. Warren W. Furey as general chairman of the local committee for the 1948 meeting of the American Medical Association in Chicago; the appointment has been confirmed in the national headquarters. Dr. Furey is president of the Chicago Medical Society, treasurer of the American College of Radiology, and vice chairman of the Educational Committee.

Lectures Arranged Through the Illinois State Medical Society Scientific Service Committee:

Dr. Emmet B. Bay, Chicago, Lee County Medical Society in Dixon, October 23, on "Drug Administration in Heart Disease."

Dr. Meyer Brown, Chicago, Will-Grundy County Medical Society in Joliet, October 23, on "Migraine." Dr. Edward D. Allen, Chicago, Will-Grundy County Medical Society in Joliet, on "Endometriosis."

Dr. Ralph H. Kunstadter, Chicago, Will-Grundy County Medical Society in Joliet, December 11, on "Diarrhea Problems Among the Newborn."

Dr. Percy E. Hopkins and Dr. G. E. Johnson, both of Chicago, the Vermilion County Medical Society in Danville, October 7, on "Pyloric Stenosis" and "Intestinal Obstruction," respectively.

Lectures Arranged Through the Educational Committee of the Illinois State Medical Society:

Dr. Maurice L. Zee, Chicago, October 7, the Midwest Council District number 23, of the Illinois Congress of parents and Teachers, at the Harriet Beecher Stowe School, Chicago, on "Mental Hygiene as It Affects the Adolescent."

Dr. Carroll L. Birch, Chicago, the Sherwin Pessin Leukemia Research Foundation in the Congress Hotel, Chicago, October 11, on "Leukemia and Related Blood Diseases."

Dr. Mary G. Schroeder, Wilmette, the Monroe School chapter of the Illinois Congress of Parents and Teachers, Chicago, October 14, on "Guiding the Family to Better Health and Safety."

Dr. Robert Keeley, Chicago, the Pullman School chapter of the Illinois Congress of Parents and Teachers, Pullman, October 16, on "Care of the Growing Child."

Dr. Edward Buckman, Chicago, the Austin Lions Austin, October 29, on "The Venereal Disease Problem and the Community."

Dr. Robert R. Mustell, Chicago, the Glen Ellyn Jr. High School chapter, Illinois Congress of Parents and Teachers, Glen Ellyn, November 10, on "What Parents Should Know About the Psychology of Children."

Dr. J. L. Tavenner, Dixon, the Genoa Woman's Club, Genoa, October 29, on "Cancer and the Menopause."

Arranged Through the Postgraduate Education Committee:

For the Seventh Councilor District (Macon, Piatt, Christian, Shelby, Moultrie, Fayette, Effingham, Bond, Clinton, Marion and Clay Counties) in Effingham, Benwood Hotel, October 30, with Dr. Charles H. Hulick, Shelbyville, Councilor, presiding. The following physicians took part in the program:

Dr. James J. Callahan, Chicago, Fractures.

Dr. Harry M. Hedge, Chicago, Dermatoses as Seen in General Practice.

Dr. Richard K. Gilchrist, Chicago, Rectal Surgery.

Dr. H. William Elghammer, Chicago, Progress in Pediatrics.

Dr. Irving H. Neece, Decatur, President, Illinois State Medical Society, Tumors of the Kidney.

Dr. Marino F. Vidoli, Decatur, Pathologic Discussion of Tumors.

For the First Councilor District (Jo. Daviess, Stephenson, Winnebago, Boone, McHenry, Lake, Carroll, Ogle, DeKalb and Kane Counties); Hotel Faust, Rockford, November 5, with Dr. E. H. Weld, Rockford, presiding. The following Chicago physicians participated:

Dr. Robert S. Berghoff, Chairman of the Postgraduate Education Committee, Coronary Disease.

Dr. Carlo S. Scuderi, Common Fracture Problems with Some Reference to Poliomyelitis.

Dr. George E. Wakerlin, Medical Treatment of Hypertension.

Dr. Geza de Takats, Surgical Treatment of Hypertension.

Dr. Sidney Smith, Surgery of Congenital Heart Deformity.

Dr. James P. Simonds, Pathologic Basis in Diseases of the Kidney.

Dr. Arthur J. Atkinson, Problems and Treatment of Peptic Ulcer.

For the Fifth Councilor District (Tazewell, McLean, Dewitt, Logan, Mason, Menard, Sangamon and Montgomery Counties); Lincoln State School and Colony, Lincoln, November 13. The following physicians presented the program, with Dr. Ralph P. Peairs, Normal, presiding:

Dr. Edward A. Piszczek, Infantile Paralysis.

Dr. Frederick Falls, Obstetrical Hemorrhages.

Dr. H. Close Hesseltine, Penicillin and Streptomycin in Obstetrics and Gynecology.

Dr. Arthur J. Atkinson, Peptic Ulcer.

Dr. Wayne Flora, Diagnosis and Treatment of Anal Fissure and Fistula.

Dr. Percy E. Hopkins, Chicago, and Dr. Harold M. Camp, President-Elect and Secretary, respectively, Illinois State Medical Society, "Our Prepayment Medical Care Plan."

MARRIAGES

Paul M. Brenner, Quincy, to Miss Elizabeth Brasfield of Hickman, Ky., May 3.

Charles W. Young, Kinmundy, to Miss Linda Elizabeth Rehew in Evanston, April 12.

DEATHS

Jacob R. Buchbinder, Chicago, who graduated at Northwestern University Medical School in 1911, died in Passavant Memorial Hospital, September 17, aged 60. He was associate professor of surgery at Northwestern University Medical School.

James L. Church, Chicago, who graduated at The Hahnemann Medical College and Hospital, Chicago, in 1905, died September 18, aged 64. He was a member of the staffs of Lakeview and West Side Hospitals.

Richard Carl Dienst, Aurora, who graduated at The Hahnemann Medical College and Hospital, Chicago, in 1910, died of a heart attack September 28, aged 61. He was chief of staff of St. Charles Hospital in Aurora.

Arthur L. DuPlantis, Chicago, who graduated at Chicago College of Medicine and Surgery in 1913, died June 29, aged 65, of coronary thrombosis.

Raymond C. Gillogly, Newman, who graduated at Kentucky School of Medicine, Louisville, in 1894 and Chicago Homeopathic Medical College in 1899, died September 11, aged 74. He was a member of the "Fifty Year Club" of the Illinois State Medical Society.

Joseph B. Holmes, Macomb, who graduated at the University of Illinois College of Medicine in 1894, died in his home on September 18, aged 76.

Ben Hudson, Springfield, retired, who graduated at the St. Louis Medical College in 1885, died in St. Louis May 15, aged 86, of a fractured hip received in a fall.

Paul Alonzo Isherwood, West Chicago, who graduated at Northwestern University Medical School in 1911, died October 5 in Baptist Hospital, Memphis, Tennessee, of injuries suffered a week before near Batesville, Mississippi, when he was in an automobile accident. He was 59 years of age. He had been DuPage County Coroner for 23 years.

Merit S. Jewell, Little York, who graduated at Louisville Medical College in 1898, died June 28, aged 73, of cerebral hemorrhage.

Arthur Evarts Lord, Plano, graduated at Rush Medical College in 1908, died September 13, aged 64. He served in World War I and in 1928 was appointed surgeon general of the guard, a position from which he retired a year ago as a brigadier general.

Warren P. Morill, Chicago, retired, who graduated at Johns Hopkins University School of Medicine in 1908, died September 28, of a heart attack in Passavant Memorial Hospital. He was 70 years of age.

Samuel E. Munson, Springfield, who graduated at Northwestern University Medical School in 1893, died in Memorial Hospital Springfield, aged 81. He was a former president of the Illinois State Medical Society, vice-president of the American College of Physicians and had practiced medicine 54 years.

Jessie Rowe, Abingdon, retired, who graduated at Rush Medical College in 1894 died September 24, aged 77. He had served in the Spainsh-American War.

Moses Sahud, Chicago, who graduated at Denver College of Medicine in 1897, died September 28, aged 78. He was a member of the "Fifty Year Club" of the Illinois State Medical Society.

George J. Schneider, Elgin, who graduated at University of Michigan Medical School in 1889, died September 30, aged 81. He was a former president of the Kane County Medical Society and president of the staffs of Sherman and St. Joseph's Hospitals in Elgin

and for nearly 50 years had been a member of the Chicago Ophthalmology Society.

John F. Sloan, Peoria, who graduated at Rush Medical College in 1899, died September 9, aged 73.

Leslie P. Sloan, Oblong, who graduated at the University of Louisville School of Medicine, Kentucky, in 1916, died September 5, of coronary occlusion, aged 57. He was secretary of the Crawford County Medical Society.

Dale D. Smith, Decatur, who graduated at Loyola University School of Medicine in 1918, died suddenly of coronary thrombosis September 7, aged 53. He was chief of the obstetrical department of the Decatur and Macon County Hospital.

Hartley W. Walker, Pekin, who graduated from the Baltimore Medical College in 1895, died June 5, aged 73, of coronary occlusion.

Frank J. A. Wall, Chicago, who graduated at Jenner Medical College, Chicago, in 1904, died September 21, aged 70. He was surgeon general in the Spanish-American War.

Todd Pope Ward, Mount Vernon, who graduated at Jefferson Medical College of Philadelphia, 1903, died in the Good Samaritan Hospital, June 9, aged 66, of cerebral hemorrhage. Served during World War I.

Joseph H. Wheat, Chicago, who graduated at Loyola University School of Medicine in 1918, died September 16, aged 65.

TAKE LEAD IN PUBLIC AFFAIRS, A.M.A. HEAD TELLS DOCTORS

Physicians Must Help Heal Sick Society, Says Dr. Bortz; Outlines Program For "Medical Statesmanship"

Edward L. Bortz, M.D., of Philadelphia, President of the American Medical Association, believes the world needs more "medical statesmanship"—more participation in public affairs by physicians "even at the cost of less time in the office, clinic, or laboratory."

"Medicine should play a leading part in directing the destinies of the social order," Dr. Bortz asserted in a speech prepared for delivery before the 18th Annual Scientific Assembly of the Medical Society of the District of Columbia in Washington, D. C., on Wednesday evening, Oct. 8, 1947.

Observing that "in the last century the accomplishments of medical science have brought about more effective control of disease, increased the life span, and extended the useful years," Dr. Bortz added that "there are large segments of our own population and throughout the world national groups who, for various reasons, have not participated in the magnificent benefits that modern scientific medicine has to offer. The time is appropriate for a consideration of means which may bring these benefits to the less favored groups of human society."

"What has this to do with medical statesmanship?" Dr. Bortz asked. "In the Pennsylvania State Medical Journal one reads that 'medical statesmanship comprises the art of changing health conditions from what they are to what they ought to be.' At many medical centers throughout the nation each year medical organizations are carrying on superb courses of postgraduate instruction for practicing physicians. Recognized teachers are presenting important new data for physicians to carry back home. The practice of medicine is increasingly effective in the treatment of various common infections, nutritional deficiencies, metabolic abnormalities, and many kinds of tumor growths."

In spite of this, the A.M.A. head charged, in recent years "members of the medical profession too often have neglected their obligations as citizens."

SCIENTIFIC APPROACH TO SOCIAL PROBLEMS NEEDED

In the years when a medical career in itself was not so exacting and time consuming, physicians helped to make American history, Dr. Bortz reminded his listeners. "Twenty-one members of the First Provincial Congress were physicians," he reported. "Three physicians signed the Constitution of the United States, and six signed the Declaration of Independence. According to Browning, 274 physicians served in Congress between 1789 and 1910." Many physcians have been governors of states. Dr. John Evans was not only territorial Governor of Colorado at one time, but was a founder of universities and a railroad builder. In more recent years there have been Dr. Hubert Work, Dr. Ray Lyman Wilbur and Gen. Leonard Wood. France can boast that Clemenceau was a doctor; China remembers Dr. Sun Yat-sen.

Today, with society in danger of destruction, physicians must resume their role in public affairs, Dr. Bortz said. Physicians, he pointed out, are trained in the experimental and scientific methods which are the methods of democracy—and these must be applied to social problems. "Unfortunately in the social sciences emotionalism and evangelism have too often replaced scientific detachment and accurate analysis."

And the scientific method means non-partisanship, Dr. Bortz emphasized. "Medical statesmanship, the participation of physicians in the great art of statecraft, has much to offer," he stated. "The time is at hand for cooperation on all issues in which there is common agreement. Known facts should be clarified, then immediately utilized in producing a healthier society. The

scientific method should be encouraged for the discovery of new and better ways to better health. Social experiments for the improvement of health and the control of disease may be set up locally, under controlled conditions, and supervisd by members of the medical profession and representatives from other civic groups, to study the issues on which there is a reasonable difference of opinion. Experiment, observe, reason, then conclude. The elimination of rancor, emotional outbursts, false accusations is essential to the rational study of the problem of medical care for the entire nation."

HOW MEDICINE CAN PLAY A DOMINANT ROLE TODAY

Dr. Bortz said that energetic leadership in American medicine could play a dominant role today through (1) public education; (2) more adequate medical care for all portions of the population; (3) the promotion of a World Medical Association; (4) the presentation of a nationwide emergency medical plan to Congress and American military leaders to be ready for use in the event of another international conflict; (5) medical research applied to the furtherance of social progress.

Englarging on these five objectives, Dr. Bortz said that health should be taught in all schools and colleges, with adequate credit given.

In communities where deficiencies in medical care exist he suggested that social experiments be established under the leadership of medicine. "The population of our nation is heterogeneous," he observed. "It is made up of many nationalities and groups with every conceivable variety. The needs of one region are not those of the whole. By local experimentation adequate measures for medical service to all persons can be more satisfactorily developed."

A World Medical Association, he said, would promote closer ties among the national medical organizations and among the doctors of the world, would organize an exchange of medical information, would establish relations with the World Health Organization, UNESCO and other appropriate bodies, and would "assist all peoples of the world to attain the highest possible level of health."

As for the fourth objective, Dr. Bortz stated that "today organized medicine can render a great service to the national security by the support of the augmented medical program which is now becoming a reality in the Armed Forces. In the next conflict all areas of the nation may be vulnerable. Accordingly a nationwide emergency medical plan is indicated."

Finally, Dr. Bortz said "the acquisition of additional medical knowledge through research is vitally necessary. Its application through medical statesmanship should be directed towards social progress. Support of research by government and private agencies should uncover helpful information in the control of the major disorders. The degenerative lesions of the body, cancer, tuberculosis, diabetes, rheumatism and the others, will eventually yield to the never ceasing search of medical investigators. If these are brought under control, unless there is a closer understanding of human relationships at the individual, and also at the national and international levels, mankind will have gained an empty victory. Society needs to mobilize its forces today for the control of anti-social and unhealthy human trends which have brought two world catastrophes within the past quarter century. The enduring satisfactions of human existence may be attained for mankind when the scientific methods which have brought such spectacular results in the control of somatic diseases have been extended into the sphere of human relationships. Therein lies the hope for the human race.

"No other group is more eminently qualified by interest, training, and experience to direct the work of social stabilization than the medical profession. Individual human beings and their reactions, singly and in groups, consitute the physician's principal concern. Medicine should play a leading part in directing the destinies of the social order. 'A consolidated medical opinion might speak with a voice to which governments would listen.'"



Probably no greater mental trauma is ever inflicted by a physician than when he first tells a patient that he or she has tuberculosis. The patient probably knows absolutely nothing about tuberculosis except that it is a dread disease. Material and social problems combined with the psychological problems of separation from family, complete change of living routine, sudden cessation of all activity, ignorance of the disease and what it will mean to him and an unknown future is apt to create in the patient a mental turmoil which is a known detriment to his eventual recovery and return to a useful life. C. J. Stringer, M.D., Hospitals, August, 1946.

So much emphasis has been placed on tuberculosis as a serious disease of girls and young women that its greater havoc among men has not received the attention that it deserves. As a result of the more rapid decline of tuberculosis in females in this country there are today 156 deaths among males to every 100 deaths in females and only at ages ten to thirty is the mortality higher in females. Tuberculosis is increasingly becoming a disease of older, occupied men. Henry D. Chadwick, M.D. and Alton S. Pope, M.D., The Modern Attack on Tuberculosis, The Commonwealth Fund, Revised, 1946.



EFF GEE

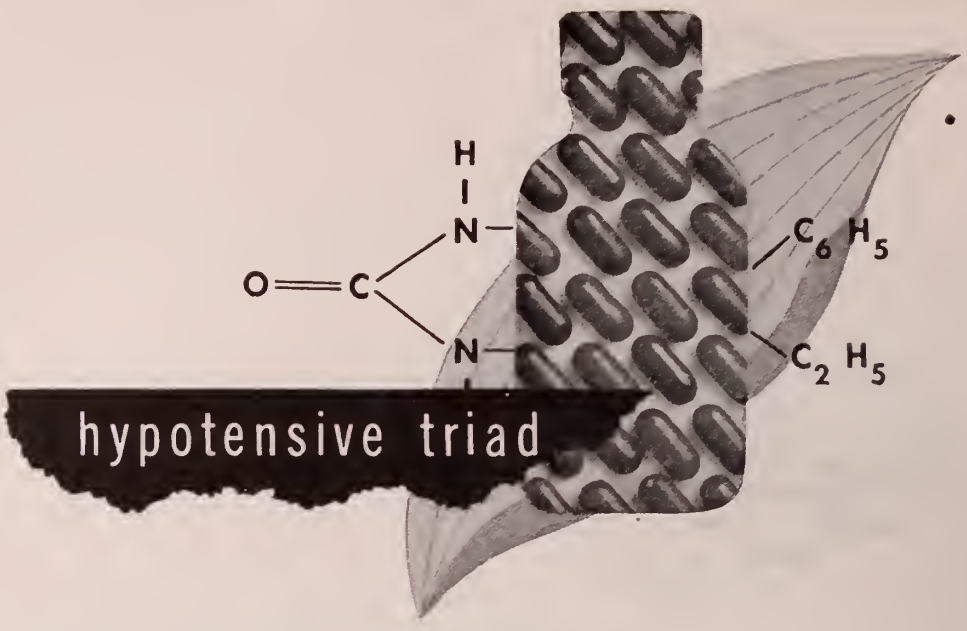
to the ear or "F.G." to the eye identifies ferrous gluconate, now combined with liver-stomach concentrate to provide 'Lextron F.G.' (Liver-Stomach Concentrate with Ferrous Gluconate and Vitamin B Complex, Lilly).

Clinical investigation reveals that ferrous gluconate has two important advantages over other iron salts·

1. *More efficient utilization of iron.*
2. *Less gastric irritation.*

'Lextron F.G.' is effective in the treatment of both pernicious and secondary anemias. It is available at retail pharmacies everywhere.

ELI LILLY AND COMPANY
INDIANAPOLIS 6, INDIANA, U.S.A.



For the hypertensive patient, whose elevations in blood pressure are less than a critical degree, VERATRITE provides a calm, gradual fall in blood pressure and a practical approach to symptomatic relief.

Each tabule contains:

Veratrum Viride..... 3 CRAW UNITS*
Sodium Nitrite..... 1 grain
Phenobarbital.....¼ grain

Bio-Assayed Veratrum Viride (Irwin-Neisler) augments the common effects of sodium nitrite and phenobarbital; vasodilatation of a prolonged degree is accomplished with improvement in general circulation.
Supplied: Bottles of 100, 500, 1000.

Samples on request.

**Veratrum Viride (Irwin-Neisler) is the whole-powdered drug, bio-assayed against the test animal Daphnia Magna according to the Craw Method.*

Veratrite

REG. U.S. PAT. OFF.

IRWIN, NEISLER & CO. 61st YEAR Irwin Neisler **DECATUR, ILL.**

Remarkable results in dysmenorrhea

In a clinical study extending over a period of a year, Long* used Edrisal as the sole medication in treating 630 employees for dysmenorrhea. Results were dramatic. He concluded, "We use it [Edrisal] with the knowledge that nine out of ten sufferers will get the relief they seek."

Edrisal combines the recognized analgesics—acetylsalicylic acid and phenacetin—with the unique anti-depressant, Benzedrine Sulfate. Consequently, it not only relieves the pain during the menstrual period, but also combats the accompanying psychic depression.

Best results are usually obtained with a dosage of *two* tablets, repeated every three hours, if necessary.

*Long, C.-F., M.D.: Edrisal in the Management of Dysmenorrhea, Indust. Med. *15*:679 (Dec.) 1946. Indust. Nurs. *5*:23 (Dec.) 1946.

highly effective in the relief of pain

Edrisal

Smith, Kline & French Laboratories
Philadelphia

On the Dual Value of *Candy*



Socially candy has long been accepted as a pleasant part of our daily lives. From early childhood on, candy is considered an appropriate accompaniment of the festive spirit of birthdays, holidays, anniversaries and other joyous occasions.

In recent years, with the advancing knowledge of nutrition, the values of candy as a worth-while part of the daily diet have also become recognized. Most of the kinds of candy manufactured today are made of a number of valuable foods which contribute to the extent they are used to the satisfaction of many nutritional needs.*

Whether enjoyed as a delectable tidbit during a friendly gathering—or served at the end of a family meal—or eaten as a quick energy food following strenuous activity, candy has a unique and valid place in the human dietary.

*The candies in the manufacture of which milk, butter, eggs, fruits, nuts or peanuts are used, *to this extent* also (a) provide biologically adequate proteins and fats rich in the unsaturated fatty acids; (b) present appreciable amounts of the important minerals calcium, phosphorus, and iron; (c) contribute the niacin, and the small amounts of thiamine and riboflavin, contained in these ingredients.

COUNCIL ON CANDY OF THE NATIONAL CONFECTIONERS' ASSOCIATION

1 NORTH LA SALLE STREET • CHICAGO 2, ILLINOIS

PIONEERS in Research . . . and Leadership thru the years in combating OTITIS MEDIA



DOHO in realizing the need for a potent, topical, well tolerated ear medication, yet mindful that no one formula could be suitable for all conditions . . . devoted every facility and scientific resource to the development and perfection of AURALGAN and OTOSMO-SAN. Each has its sphere of usefulness . . . each has been tested and clinically proven in many thousands of cases. *Reprints and substantiating data sent on request.*

EACH A SPECIFIC . . . both effective!

Auralgan
IN ACUTE OTITIS MEDIA

is a scientifically prepared, completely water-free Glycerol (DOHO) having the highest specific gravity obtainable, containing antipyrine and benzocaine . . . which by its potent decongestant, dehydrating and analgesic action provides effective relief of pain and inflammation.

O-TOS-MO-SAN
IN CHRONIC SUPPURATIVE OTITIS MEDIA, FURUNCULOSIS AND AURAL DERMATITIS

is not just a mere mixture, but a scientifically potent chemical combination of Sulfathiazole and Urea in AURALGAN Glycerol (DOHO) base . . . which exerts a powerful solvent action on protein matter, liquefies and dissolves exuberant granulation tissue, cleanses and deodorizes, and tends to exhilarate normal tissue healing in the effective control of chronic suppurative otitis media.

Literature and samples on request

THE DOHO CHEMICAL CORPORATION
New York 13, N. Y. • Montreal • London

New! for pregnancy and lactation



JUST THREE CAPSULES A DAY SUPPLY THESE SUPPLEMENTARY NUTRITIVE ESSENTIALS[1] . . .

ALL the recommended[1] daily allowances (or more) of VITAMINS (including the important *vitamin C*)

ALL the recommended[1] daily allowance of IRON

HALF the recommended[1] daily allowance of CALCIUM

are provided in one VITAMIN-MINERAL CAPSULE SQUIBB, *t.i.d.*

The daily dose (one capsule t.i.d.) provides

Vitamin A	6,000 units
Vitamin D	800 units
Thiamine HCl	3 mg.
Riboflavin	3 mg.
Niacinamide	21 mg.
Ascorbic Acid	100 mg.
Calcium	750 mg.
Iron	15 mg.

Supplied in bottles of 100.

NOTE: Calcium and iron contents are stated in terms of elemental calcium and iron. Stated as salts, the daily dose, 1 capsule t.i.d. supplies:

Dicalcium Phosphate 2604 mg.
Ferrous Sulfate exsiccated 51 mg.

Vitamin-Mineral

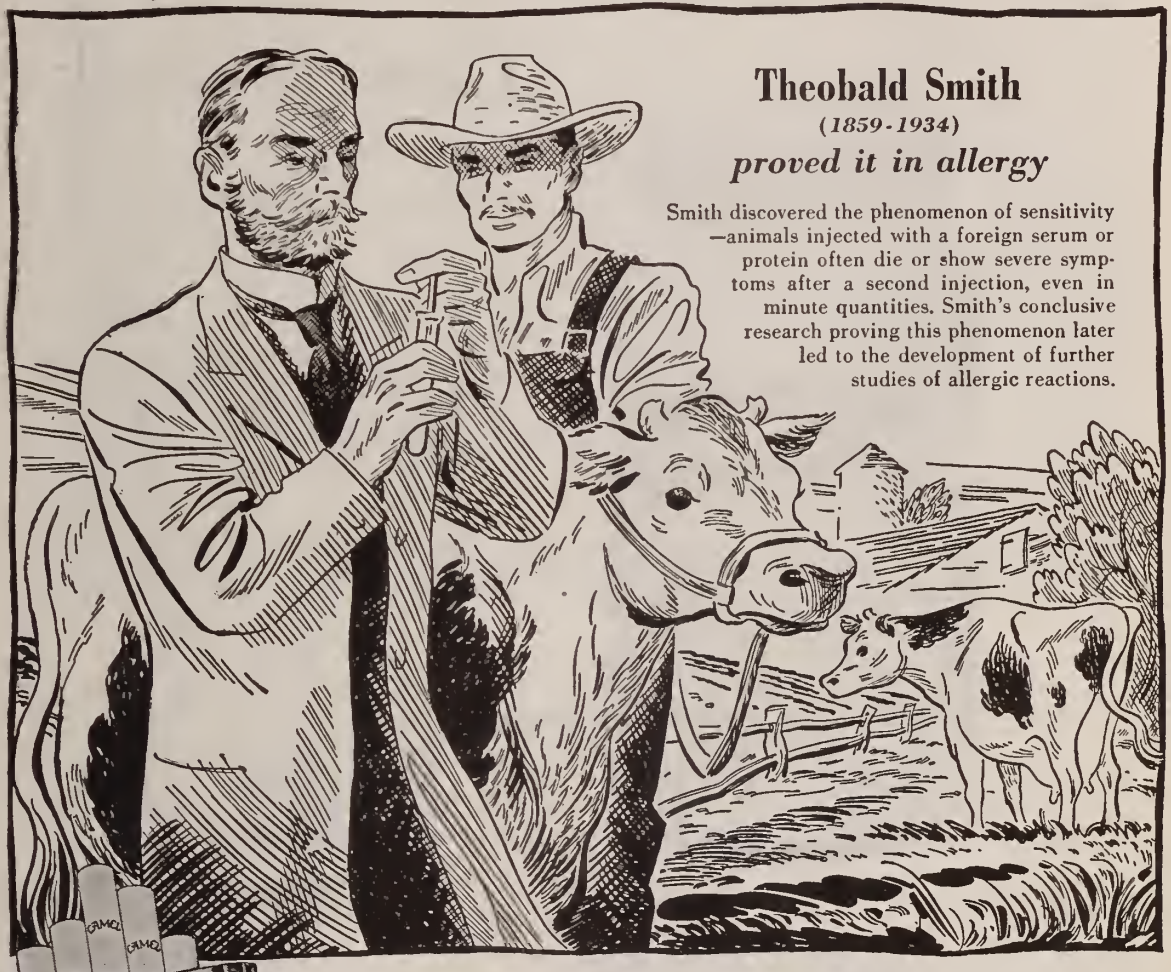
CAPSULES

SQUIBB

1. "Recommended Dietary Allowances Revised 1945"; Reprint and Circular Series No. 122, August 1945, Food and Nutrition Board, National Research Council, 2101 Constitution Ave., Washington 25, D. C.

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

Experience is the Best Teacher



Theobald Smith

(1859-1934)

proved it in allergy

Smith discovered the phenomenon of sensitivity —animals injected with a foreign serum or protein often die or show severe symptoms after a second injection, even in minute quantities. Smith's conclusive research proving this phenomenon later led to the development of further studies of allergic reactions.



Yes, and experience is the best teacher in smoking too!

EXPERIENCE during the wartime cigarette shortage taught smokers the differences in cigarette quality. In those days, people smoked —and compared—many different brands. That's the experience from which so many smokers learned that Camels suit them best. **As a result, more people are smoking Camels than ever before.**

Try Camels! Let *your* taste and throat tell you why, with millions who have tried and compared, Camels are the *choice of experience!*



According to a Nationwide survey:

MORE DOCTORS SMOKE CAMELS

than any other cigarette

R. J. Reynolds Tobacco Company, Winston-Salem, North Carolina

Sal Hepatica

acts by simple osmosis, to increase the bowel's fluid content and soften fecal residue.

Gentle fluid bulk

produced by Sal Hepatica evokes peristalsis and evacuation by normal physiologic means.



APERIENT

LAXATIVE

CATHARTIC

PRODUCT OF BRISTOL-MYERS • 19 WEST 50 STREET • NEW YORK 20, N.Y.



The oral administration of 2 Pyridium tablets *t.i.d.*, will promptly relieve distressing urinary symptoms in a large percentage of ambulant patients, thereby permitting them to pursue their normal activities without undue disturbance.

Following oral administration, Pyridium produces a definite analgesic effect on the urogenital mucosa. This action contributes to the prompt and effective relief that is so gratifying to patients suffering from disturbing symptoms such as painful, urgent, and frequent urination, nocturia, and tenesmus.

Therapeutic doses of Pyridium may be administered throughout the course of uncomplicated cystitis, pyelonephritis, prostatitis, and urethritis, without danger of serious side reactions.

Literature on Request

REG. U. S. **PYRIDIUM** PAT. OFF.

(Phenylazo-alpha-alpha-diamino-pyridine mono-hydrochloride)

MERCK & CO., Inc. RAHWAY, N. J.

Manufacturing Chemists

In Canada: MERCK & CO., Ltd. Montreal, Que.

PYRIDIUM is the United States Registered Trade-Mark of the product manufactured by the Pyridium Corporation. Merck & Co., Inc., Sole Distributors in U. S. A.

3 CONDITIONS

Constipation—Loose irritating stools—Periods of alternating constipation and loose stools.

3 ADVANTAGES

Zymenol's Twofold Natural Therapy: Brewers yeast enzymatic action helps re-establish physiological bowel content. Natural vitamin B complex tends to normalize bowel tone.

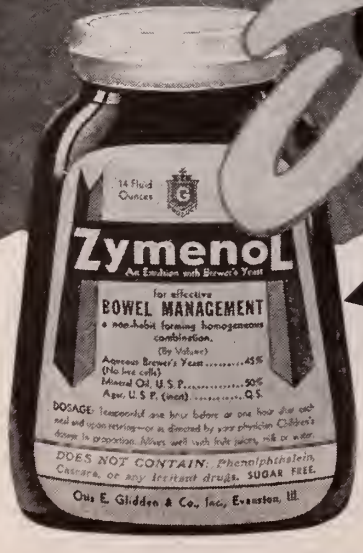
Non Habit-Forming: No irritant or habit-forming drugs. No bulking agents. Even sugar free.

Teaspoon Dosage Only: Minute quantity of mineral oil per dose is not likely to interfere with vitamin absorption or digestion. Avoids leakage.

Available in 14 and 8 oz. prescription units at drug stores everywhere.

Zymenol

For Effective Bowel Management



An Emulsion with Brewers Yeast

MAIL THIS COUPON

Otis E. Glidden & Co., Inc., 518 Davis Street, Evanston, Ill.
Please send literature and trial supply of ZYMENOL.

Dr.

Address

City Zone State

OTIS E. GLIDDEN & CO., INC., EVANSTON, ILL.

time lost...

In treating severe vitamin deficiencies, *simple maintenance vitamin doses* may merely prolong the deficiency at subclinical levels.

time gained...

In treating severe vitamin deficiencies, *vitaminizing doses of essential factors* can carry a patient from deficiency levels to the point of vitamin adequacy.



zymacaps

offer vitamin potencies of therapeutic magnitude for simple, practical, vitaminizing therapy to support basic enzymatic processes and to effect prompt reversal of symptomatology. Two Zymacaps a day provide 5 to 10 times the maintenance amounts of all vitamins for which minimum daily requirements have been established.

EACH ZYMACAP* CONTAINS:	
Vitamin A	12,500 U. S. P. units
Vitamin D	1,000 U. S. P. units
Thiamine Hydrochloride (B_1)	5 mg.
Riboflavin (B_2)	5 mg.
Pyridaxine Hydrachloride (B_6)	2 mg.
Calcium Pantathenate	10 mg.
Nicotinamide	30 mg.
Ascorbic Acid (C)	100 mg.

Available in bottles of 24, 100, and 250

Upjohn
KALAMAZOO 99, MICHIGAN

FINE PHARMACEUTICALS SINCE 1886

*TRADEMARK, REG. U. S. PAT. OFF.

Donnatal RELIEVES **SPASM** WITH **TENSION**



In spastic disorders of functional origin—when the chief aim of therapy is to provide both central and peripheral action *with safety*—Donnatal may be employed with utmost confidence.

The outstanding efficacy of Donnatal is the result of a perfectly balanced combination of the principal belladonna alkaloids (hyoscyamine, atropine and scopolamine), in fixed proportions, together with phenobarbital. Thus Donnatal provides:

1. The advantages of the natural belladonna alkaloids *without toxicity.*
2. Effective *non-narcotic* sedation.
3. Marked pharmacologic potency with small dosage at *notably less cost.*

The synergetic implementation of Donnatal makes it an ideal antispasmodic and sedative in a wide range of spastic disorders—such as spasm incident to gastric and duodenal ulcers, pylorospasm, spastic constipation, urogenital spasm, cardiospasm, autonomic nervous disturbances, respiratory disturbances, Parkinsonism, vomiting of pregnancy, and other spastic manifestations.

AVAILABLE: In bottles of 100 tablets.

FORMULA: Each tablet contains belladonna alkaloids (hyoscyamine, atropine and scopolamine) equivalent to approximately 5 min. tr. belladonna, plus ¼ gr. phenobarbital.



FOR RELIEF OF SMOOTH MUSCLE SPASM

℞ **DONNATAL** *'Robins'*

A. H. ROBINS COMPANY, INC. · RICHMOND 19, VIRGINIA

NEW...
NATURAL VITAMIN D
HIGHER POTENCIES, IMPROVED FORMULA

VI-SYNERAL VITAMIN DROPS

Now providing natural vitamin D from rich fish liver sources, and increased potencies of vitamins A and C... with pyridoxine and pantothenic acid added... Vi-Syneral Vitamin Drops is unexcelled as a multivitamin supplement for the infant's diet. NO INCREASE IN PRICE.

more than vitamins A and D alone

Each 0.6 cc. provides:

Vitamin A*	5000 U.S.P. Units
Vitamin D*	1000 U.S.P. Units
Ascorbic Acid (C)	50 mg.
Thiamine (B_1)	1 mg.
Riboflavin (B_2)	0.4 mg.
Pyridoxine (B_6)	0.1 mg.
Niacinamide	5 mg.
Pantothenic Acid	2 mg.

*Natural vitamins A and D

CONTAINS NO ALCOHOL

In 15 cc. and 45 cc. packages with dosage marked dropper.

NEW IMPROVED FORMULA



Write for sample and literature

U. S. VITAMIN CORPORATION

250 East 43rd Street • New York 17, N. Y.



Book Reviews

BONE AND BONES: Fundamentals of Bone Biology; By Joseph P. Weinmann, M.D., College of Dentistry, University of Illinois, Formerly at School of Dentistry, Loyola University, Chicago, and Harry Sicher, M.D., School of Dentistry, Loyola University, Chicago. With 289 Illustrations. St. Louis. The C. V. Mosby Company, 1947. Price $10.00.

This book is written by a pathologist and an anatomist, thus giving not only clinical and pathological considerations, but adding likewise important biological considerations. Basicly the authors state "Bone is a tissue; bones are organs." The book gives normal anatomy with anatomical variations and abnormalties, as well as pathological conditions found in the sketetal system. The method of approach in consideration of bones, is from an entirely different approach from that found elsewhere.

Healing of bones is given in clear detail and will be of interest to the readers of the book. The influence of the endocrine glandular system on bone development is likewise of much interest. The book is profusely illustrated which materially adds to its value to physicians, dentists and others who have it available.

From the bibliographic table of references it is quite obvious that the authors made an exhaustive study of current literature. These references alone are of great value to those desiring to review the literature on any subject relative to bones and their diseases.

The book will be of much value to those whose interests are especially along the line of orthopaedics, radiology, endocrinology and metabolism. It should have a place in any modern medical library.

A MANUAL OF THE COMMON CONTAGIOUS DISEASES, By Philip M. Stimson, A.B., M.D., Associate Professor of Clinical Pediatrics, Cornell University Medical College; etc. Fourth edition, with 67 illustrations and 8 plates, 6 in color. 503 pages. Philadelphia: Lea and Febiger, 1947. Price $4.00.

This fourth edition of Stimson's Manual has been thoroughly revised and much new material added in keeping with recent strides in medicine. In discussing a selected group of communicable diseases, this competent clinician and practical teacher has effectively

(*Continued on page* 54)

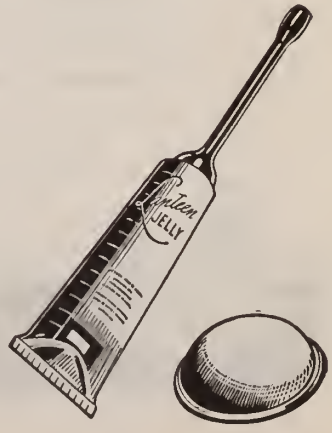


THE LANTEEN DIAPHRAGM is rigid in one plane, therefore easy to place. When largest comfortable size is fitted, if entering rim lodges against cervix, trailing rim cannot be forced into pubic arch.

***Lanteen jelly* has three important advantages:**

1. **Reliable . . . spermicidally effective.**
2. **Tenacious in its viscosity.**
3. **Non-irritating . . . Non-toxic.**

Offered only through the medical profession. Complete package sent physicians on request.



Lanteen

LANTEEN MEDICAL LABORATORIES, INC. • CHICAGO 10

BOOK REVIEWS (Continued)

reflected his wide experience in the concise form and accurate content of his manual. Through the additions of information on antibiotics and on recent concepts in poliomyelitis as well as the numerous revisions inspired by wartime medical advance, this useful manual has had its value enhanced as a practical guide and valuable reference for clinicians and health officers as well as for nurses and teachers.

Each disease is discussed in a separate chapter under the usual headings of etiology, epidemiology, incubation period, etc., for quick reference. In addition, there are chapters on the principles of contagion, on serum reactions, on general management of contagious diseases and on the sulfonamides and the antibiotics. Not only is the manual easily read, well illustrated and carefully indexed, but its usefulness is increased by a glossary of terms and a table summarizing, for rapid comparison, the pertinent facts concerning the infectious diseases discussed.

It is to be highly recommended. D.F.R.

A Hand-Book of Ocular Therapeutics. By the late Sanford R. Gifford, M.D., F.A.C.S., Professor of Ophthalmology, Northwestern University Medical School Chicago, Ill. Revised by Derrick Vail, M.D., D.O. (Oxon.), F.A.C.S., Professor of Ophahalmology, Northwestern University Medical School, Chicago, Ill. Fourth Edition, thoroughly revised, published 1947. Octavo, 336 pages, with 66 illustrations. Philadelphia: Lea & Febiger. Cloth. Price $5.00.

Revision of the late Doctor Sanford R. Gifford's useful "Ocular Therapeutics" by Doctor Derrick Vail has been done with painstaking thoroughness. The new, fourth, edition has incorporated the newer remedies and newer methods of treatment, retaining a great deal of the earlier text and thereby the philosophy and personality of the original author.

The chapter on "Drugs and Organ Extracts used in Ophthalmology" has been tripled and includes seven pages on Vitamins and Accessory Food Factors", a new addition.

The chapter on "Disorders of the Muscular Apparatus" has been eliminated —, too intricate a subject for a work of this size.

A new chapter discusses "Diseases of the Orbit" including several paragraphs concerning injuries of the orbit.

Antique type has been used to denote paragraph contents and italic letters have been utilized to stress certain words, phrases and Doctor Vail's more salient comments.

Bibliographies follow each chapter as in the original Gifford work. Doctor Vail has, generally, at least doubled the reference names and titles.

This is an excellent text for every physician practicing ocular therapeutics. L.P.A.S.

The Diagnosis and Treatment of Diarrheal Diseases, by William Z. Fradkin, AB., M.D., Assistant Attending Gastroenterologist, Jewish Hospital of Brooklyn; Physician-in-Charge of Colitis Clinic,

(*Continued on page* 62)

Theocalcin - prescribed with or without digitalis

Combinations of Theocalcin and digitalis are frequently prescribed to improve cardiac function in congestive heart failure. In other cases, when digitalis fails to give relief, Theocalcin in doses of 1 to 3 tablets t.i.d. is often effective.

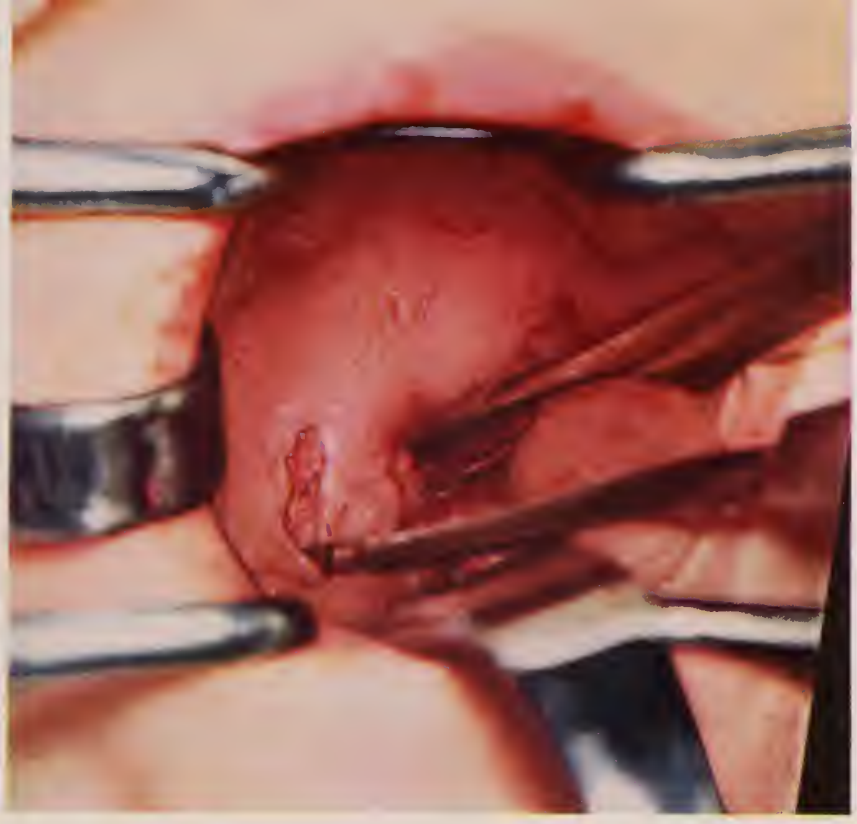
Theocalcin is a well tolerated diuretic and myocardial stimulant which acts promptly to reduce edema, diminish dyspnoea and strengthen heart muscle.

Theocalcin is available in 7½ grain tablets and in powder form.



Theocalcin, brand of theobromine-calcium salicylate.
Trade Mark Reg. U. S. Pat. Off.

BILHUBER-KNOLL CORP. ORANGE, NEW JERSEY.



Tonsillectomy—
Incision into mucosa
of anterior pillar

POST-TONSILLECTOMY SALIVARY ANALGESIA

bringing its contained analgesic into *immediate* and *sustained* contact with the post-
gical area, Aspergum relieves soreness, enhances patient comfort and encourages a
edy return to suitable diet.

SE UNIQUE
VANTAGES:

1. Increases salivary flow; analgesic reaches *all* oropharyngeal areas, including those seldom reached by gargling or irrigations.

2. Reduces local muscular spasticity and stiffness by gentle stimulation.

3. Promotes a shorter and more pleasant convalescence.

4. Assures patient cooperation through acceptance by all, especially children.

ers noteworthy patient comfort, both locally and generally, in post-tonsillectomy care,
te and chronic tonsillitis, headache, fever and common cold.

ite Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

Ethically promoted.
Available in packages of 16,
moisture-proof bottles of
36 and 250 tablets.

Dillard's **ASPERGUM**

Salivary Analgesia—Plus

SPEEDY, SAFE TOPICAL CHEMOTHERAPY OF ORAL AND PHARYNGEAL INFECTIONS

Notably safe and efficacious, White's Sulfathiazole Gum has consistently proved its clinical value over more years than any other chemotherapeutic or antibiotic agent prescribed for topical treatment of oropharyngeal infections.

1. **EFFECTIVENESS**—White's Sulfathiazole Gum provides a highly concentrated local salivary solution of sulfathiazole which continually bathes the infected mucosal areas.

2. **SAFETY**—The resulting *blood concentration* of sulfathiazole, with maximal dosage and even in children, is practically negligible and usually quantitatively immeasurable—virtually obviating possibility of systemic toxic reactions.

3. **SPEED**—Investigation indicates that the usual case of acute Vincent's Infection of mouth and throat heals within 48-72 hours following start of treatment with White's Sulfathiazole Gum.

4. **STABILITY**—White's Sulfathiazole Gum retains its full potency under all ordinary conditions.

5. **CONVENIENCE**—Palatable, it promotes a willingness to adhere to directions, even in children. Cost of effective dosage is reasonable.

6. **CLINICAL FIELD**—Indicated in sulfonamide-susceptible infections of oropharyngeal areas.

Supplied in packages of 24 tablets—3¾ grs. (0. 5 Gm.) per tablet—sanitaped, in slip-sleeve prescription boxes.

White's **SULFATHIAZOLE GUM**

Safe, Topical Chemotherapy



NGIVITIS—MARGINAL, STREPTOCOCCAL. Marginal borders red, inflamed, bleed easily.

SAME CASE AS ABOVE—HEALED. After 72 hours treatment with White's Sulfathiazole Gum, inflammation has subsided, marginal borders returned to normal pink color, do not tend to bleed.



A Product of White Laboratories, Inc., Pharmaceutical Manufacturers, Newark, N. J.

. . . a logical method of topical therapy in acute and chronic ear infections . . .



Otomycosis with inflammation and desquamation in ear canal.



Same case after two-a-day applications of Otomide 9 days. Ear restored to normal condition.

White's Otomide—a *stable* solution of sulfanilamide and carbamide (urea) together with locally analgesic chlorobutanol in glycerin of high hygroscopic activity—the drug of choice in topical adjunctive treatment of both acute and chronic otitis media.

Moreover, its pronounced fungistatic activity renders it of value particularly in the treatment of external otitis. Since *sulfanilamide* is more fungistatic than other sulfonamides or penicillin, otomycosis has been effectively treated with White's Otomide.

CLINICAL ADVANTAGES:

1. Prompt and effective local analgesia.
2. Better tissue diffusion and penetration of infected areas
3. Better drainage, through physiological and chemical de bridement.
4. Reduction of noxious odors.
5. Freedom from tissue irritation—no unphysiologic alka linity.

Available in dropper bottles of one-half fluid ounce (15 cc.) on prescription only.

White's OTOMIDE

Topical Otologic Chemotherapy

White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

MEAT

And Protein Deficiency

While protein deficiencies per se are difficult to recognize in their incipiency, conditions which lead to negative nitrogen balance are well known. The presence of any of the following states which characteristically exert an adverse influence on nitrogen balance, calls for immediate measures to prevent serious protein depletion:

1. Diseases of the digestive organs, which impair proper digestion and absorption.
2. Wasting diseases, infections and thyrotoxicosis, which increase protein breakdown and need far above normal levels.
3. Hemorrhage, burns, and chronic exudative processes, causing excessive loss of protein.

A high protein diet, whenever possible, is considered to be the most effective method of protein administration in the prevention and correction of protein deficiencies.

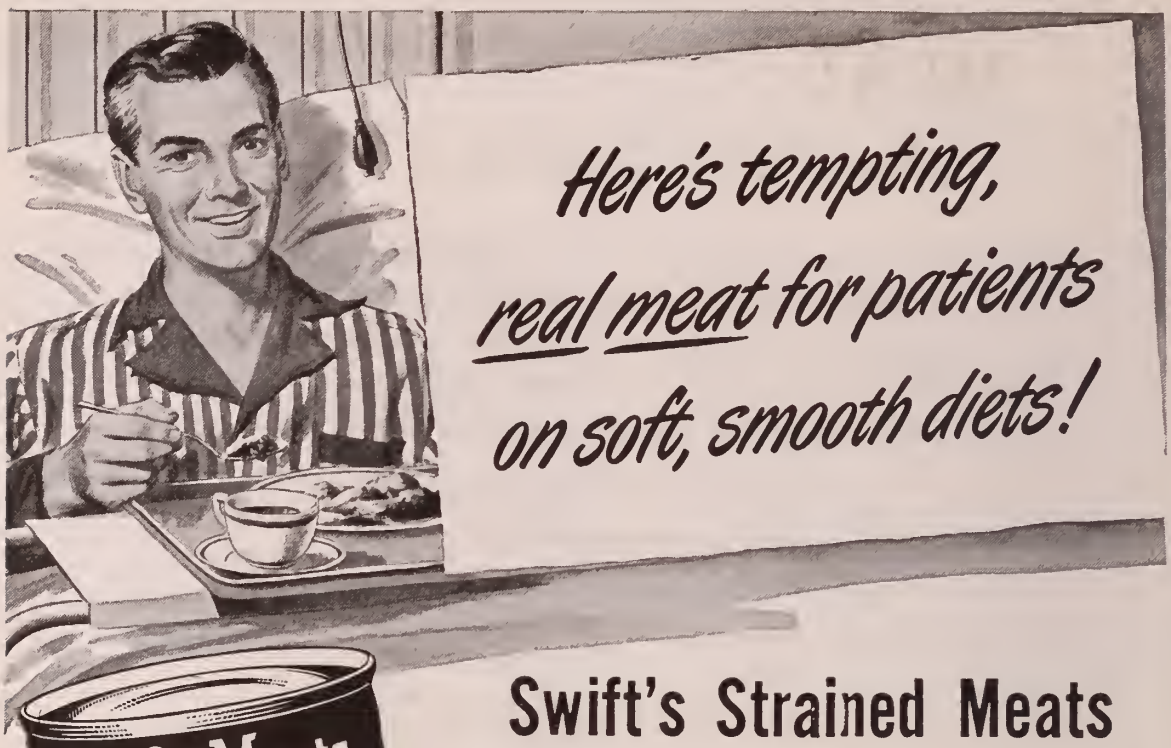
Meat, which readily is eaten two or more times daily, is an excellent component of the high protein diet. Meat is an outstanding source of protein for the following reasons. The protein of meat is biologically complete, capable of satisfying the body's protein needs. The percentage of protein contained in meat makes it one of man's most important protein foods. And, all meat is highly digestible—96 to 98 per cent—an important consideration especially in the presence of disease.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

AMERICAN MEAT INSTITUTE

MAIN OFFICE, CHICAGO . . . MEMBERS THROUGHOUT THE UNITED STATES



Here's tempting, real meat for patients on soft, smooth diets!



Swift's Strained Meats

specially prepared— fine enough for tube-feeding

Here's protein-rich meat that patients on soft, smooth diets can eat and *enjoy!* Swift's specially prepared Strained Meats provide an excellent base for a high-protein, low-residue diet—in a form that is chemically and physically non-irritating. There are six different, highly palatable meats: beef, lamb, pork, veal, liver and heart. These wholesome meats are readily accepted by most patients, even when normal appetite is impaired.

Swift's Strained Meats were developed originally for feeding to young infants. The individual particles of meat are fine enough to pass through the nipple of a nursing bottle—may easily be used in tube-feeding. Swift's Strained Meats are prepared with expert care from selected, lean U. S. Government Inspected Meats, carefully trimmed to reduce fat content to a minimum, and cooked to retain a maximum of the valuable meat nutrients—biologically complete proteins, B vitamins and minerals. Swift's Strained Meats are convenient to use—come ready to heat and serve. Each vacuum-sealed tin contains three and one-half ounces of strained meat.

All nutritional statements made in this advertisement are accepted by the Council on Foods and Nutrition of the American Medical Association.

Swift's Diced Meats

For patients on a soft, high-protein, low-residue diet who can eat meat in a form less fine than Strained, Swift's Diced Meats offer an excellent, appetizing source of proteins, B vitamins and minerals. Swift's Diced Meats are tender, juicy cubes of meat—offer a variety of: beef, lamb, pork, veal, liver and heart, five ounces per tin.

If you wish samples of Swift's Strained and Swift's Diced Meats together with complete information, write: Swift & Company, Dept. B.F., Chicago 9, Ill.

SWIFT QUALITY FOODS

SWIFT & COMPANY • CHICAGO 9, ILLINOIS



controls cough quickly because it acts directly



a few inhalations **by mouth** *control cough quickly*

The anesthetic-analgesic vapor* from Eskay's Oralator is delivered by inhalation through the MOUTH directly to the lining of the trachea and larynx—where it acts almost instantaneously to control cough. The patient gets relief in a matter of seconds.

This local therapy produces no appreciable systemic effects, and thus avoids the depressant action of sedatives and narcotics.

Eskay's Oralator is outstandingly convenient—easy to use anywhere at any time. Your patients will appreciate your prescribing this quick-acting oral inhaler. *Smith, Kline & French Laboratories, Philadelphia.*

Eskay's Oralator

A revolutionary advance in the treatment of cough

**(The active ingredient is 2-amino-6-methylheptane, S. K. F.)*



"Chronic Cardiac Disease rarely develops in the presence of good body mechanics"*

Goldthwait, et al,* found that even when the disease had developed, the correction of faulty mechanics helped greatly "in reducing the peripheral load, in lessening cardiac strain, and in increasing the patient's usefulness."

We invite the physician's investigation of Spencer Individual Designing as adjunct to corrective treatment of body mechanics. A Spencer automatically induces better posture, thereby favorably influencing neuromusculoskeletal performance.

Each Spencer is specifically designed, cut, and made for each individual patient—based on a description of the patient's body and posture and detailed measurements. That is why Spencer Individual Designing is therapeutically more effective.

For information about Spencer Supports, telephone your local "Spencer corsetiere" or "Spencer Support Shop", or send coupon below.

*Goldthwait, J. E., Brown, L. Y., Swaim, L. T., and Kuhns, J. G., *Body Mechanics in Health and Disease*, 103-105, J. B. Lippincott Co., Philadelphia, 1937.

SPENCER, INCORPORATED,
129 Derby Ave., New Haven 7, Conn.
In Canada: Rock Island, Quebec.
In England: Spencer (Banbury) Ltd., Banbury, Oxon.

May We Send You Booklet?

Please send me booklet, "How Spencer Supports Aid the Doctor's Treatment."

Name M.D.

Street

City & State G11-47

SPENCER *INDIVIDUALLY DESIGNED* SUPPORTS ®
FOR ABDOMEN, BACK AND BREASTS

BOOK REVIEWS (Continued)

Department of Gastroenterology; Associate Bacteriologist, Colitis Division, Department of Laboratories, Jewish Hospital of Brooklyn. Grune & Stratton, Inc., New York, — 1947 — Price $6.00, 254 pages.

This small easily read book of 254 pages covers diarrheal diseases in a compact, scientific, and practical presentation. It is divided into three sections: General considerations, including anatomy, physiology, bacterioloy, etiology, diagnostic procedures, complications, and general treatment; the specific diarrheal diseases including, psychogenic, allergic, vitamin deficiency, poisonings, and X-ray; and diarrheas of infants and children. The symptom complex has been presented from each disease to serve as the high point for further diagnosis. There are many illustrations and those on parasitic disease are especially useful. Technique of sigmoidoscopy is briefly outlined and illustrated. Various additional diagnostic aids such as urine and blood analysis, gastric and duodena laspiration, various function tests, skin and agglutination tests are presented with the value of certain tests in relation to the diagnostic problem at hand. J.W.F.

Books Received

The following books have been received for reviewing, and are herewith acknowledged. This listing should be considered as a sufficient return for the courtesy of the sender. Books that appear to be of unusual interest will be reviewed as space permits each month. Readers desiring additional information relative to books listed, may write the Editor who will gladly furnish same promptly.

PHYSICAL FITNESS — APPRAISAL AND GUIDANCE: Thomas Kirk Cureton, Jr., M.A., M.P.E., Ph.D., Professor of Physical Education and Director of the Physical Fitness Research Laboratory of the University of Illinois, at Urbana. Assisted by Frederick W. Kasch, B.S., M.S., Director of Physical Education at the College of Medicine, Dentistry and Pharmacy of the University of Illinois, at Chicago, and John Brown, B.S., Assistant Director of Physical Education, Collge of Medicine, Dentistry and Pharmacy, and W. G. Moss, M.S., Ph.D., Instructor

(*Continued on page* 64)

SPENCER SUPPORT SHOP
55 E. Washington St., Suite 1216, Chicago 2
Phone State 6686
Individually Designed Supports
For
Men, Women and Children
At
Shop or Hospital by Appointment
Spencer Individually Designed Supports

No. 208 in the "See Your Doctor" series

. . . published in behalf of the medical profession

To an audience of over 23 million people, in LIFE and other national magazines, Parke-Davis presents the message shown below.

A reproduction in full color will be sent on request. Write to Parke, Davis & Company, Detroit 32, Michigan.

Some things you should know about **your family doctor**

No. 208 in a series of messages from Parke, Davis & Co. on the importance of prompt and proper medical care.



IF YOUR family doctor were asked to value his own services, he would probably pass over the number of lives he saves in times of crisis.

He would be likely to think first of the day-to-day help he gives to the hundreds of people who look to him as a medical advisor and friend.

For your family doctor—and every family doctor—is primarily concerned with *people*. He knows each of his patients as an individual human being, whose physical make-up and reactions, whose personal problems are never quite like anyone else's.

Following you through the years, he gains a unique understanding of you as a person.

He knows whether you have, normally, a fast pulse or a slow one; whether you run a high temperature on slight provocation, or only in serious illness.

He knows what strains your job places on you; what your past problems have been; what to look out for as a danger signal in the future.

This knowledge, which deepens every time he sees you, serves him well when you are ill. For he can judge the importance of your symptoms against the background of your individual history.

With this knowledge he can also help you *avoid* many kinds of illness. By detecting and taking care of minor ailments early, he can often keep them from becoming serious.

By his years of training and experience, and his continuing study of advances in medical science, your family doctor is qualified to deal with the many and varied medical problems that arise in his daily practice.

Give him your complete confidence at all times and follow his recommendations.

Should he suggest a consultation with a fellow physician, or advise you to go to the hospital, you can be sure that such advice is based on his broad general knowledge of medicine plus his familiarity with your particular case.

SEE YOUR DOCTOR. Make him a part of your family's life. His continuing supervision is your best guarantee that your children will grow up well and strong, and that you will live a long and healthy life.

And through the years, turn to him whenever you are troubled by a problem concerning your health. His wisdom and friendly understanding make him the best counselor anyone could hope to find.

Makers of medicines prescribed by physicians

COPYRIGHT 1952—PARKE, DAVIS & COMPANY

PARKE, DAVIS & CO.

Research and Manufacturing Laboratories, Detroit 32, Mich.

BOOKS RECEIVED (Continued)

in Physiology, College of Medicine, University of Illinois at Chicago. Illustrated. St. Louis, The C. V. Mosby Company, 1947. Price $6.00

GIFFORD'S TEXTBOOK OF OPHTHALMOLOGY: By Francis H. Adler, M.D., Professor of Ophthalmology, University of Pennsylvania Medical School. Fourth Edition. 512 pages, with 310 illustrations. Philadelphia and London: W. B. Saunders Company, 1947. Price $6.00.

FATIGUE AND IMPAIRMENT IN MAN: By S. Howard Bartley, Ph.D., and Eloise Chute, M.A. The McGraw-Hill Book Company, 330 W. 42nd Street, New York 18, N. Y., 1947. Price $5.50.

ESSENTIALS OF PHARMACOLOGY: By Frances K. Oldham, M.Sc., Ph.D., Research Associate in Pharmacology, The University of Chicago, E. M. K. Geiling, Ph.D., M.D., Frank P. Hixon Distinguished Service Professor and Chairman of the Department of Pharmacology, The University of Chicago. Philadelphia and London. The J. B. Lippincott Company, 1947. Price $5.00.

PRACTICAL CLINICAL PSYCHIATRY: By Edward A. Strecker, A.B., A.M., Sc.D., Lit.D., LL.D., M.D., Professor of Psychiatry, School of Medicine, University of Pennsylanvia; Franklin G. Ebaugh, A.B., M.D., Professor of Psychiatry, University of Colorado, School of Medicine. Director Colorado Psychopathic Hospital; Jack R. Ewalt, M.D., Professor of Neuro-Psychiatry, Director Galveston State Psychopathic Hospital, University of Texas Medical Branch. Section on Psychopathologic Problems of Childhood by Leo Kanner, M.D., Associate Professor of Psychiatry, Johns Hopkins University School of Medicine. Sixth Edition. The Blakiston Company, Philadelphia and Toronto.

A TEXTBOOK OF CLINICAL NEUROLOGY — With An Introduction to the History of Neurology: By Israel S. Wechsler, M.D., Clinical Professor of Neurology, Columbia University, N. Y.; Neurologist, The Mt. Sinai Hospital; Consulting Neurologist, Montefiore Hospital and Rockland State Hospital, N. Y. Sixth Edition. 829 pages with 162 illustrations. Philadelphia and London: W. B. Saunders Company, 1947. Price $8.50.

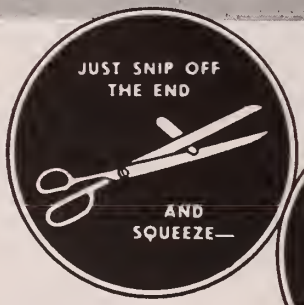
FUNDAMENTALS OF PSYCHIATRY: By Edward A. Strecker, A.B., A.M., Sc.D., Lit.D., LL.D., M.D., F.A.C.P., Professor of Psychiatry and Chairman of the Department, Undergraduate and Graduate Schools of Medicine, University of Pennsylvania, etc. Fourth Edition. 21 illustrations. Philadelphia and London. J. B. Lippincott Company, 1947. Price $4.00.

SURGERY OF THE AMBULATORY PATIENT: By L. Kraeer Ferguson, A.B., M.D., F.A.C.S., Professor of Surgery, Graduate School of the University of Pennsylvania; Professor of Surgery, Woman's Medical College of Pennsylvania; Surgeon, Graduate Hos-

(*Continued on page 66*)

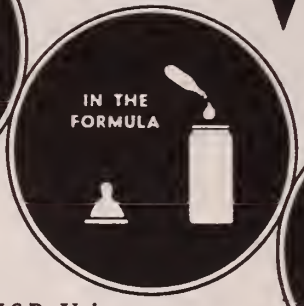
A METHOD FOR SIMPLE ADMINISTERING VITAMINS TO INFANTS AND CHILDREN

with a dispersing agent insuring miscibility



VITACLIPS

NION







Accurate Dosage
Easy to use

FORMULA

Vitamin A	5000 U.S.P. Units
Vitamin D	1000 U.S.P. Units
Thiamine HCl	1 Milligram
Riboflavin	2 Milligrams
Niacinamide	5 Milligrams
Ascorbic Acid	30 Milligrams

SUPPLIED—*Bottles of 30's and 100's*



NION CORPORATION NION LOS ANGELES 38, CALIFORNIA

SUBSTANTIATE YOUR DIAGNOSES WITH THIS G-E PORTABLE X-RAY





This powerful, 100 per cent shockproof x-ray, atop your office desk or in the home of your inambulant patients — provides you with a sure way of obtaining information you desire to substantiate your diagnoses.

It's easy to operate. With its simplified control you can easily and quickly make examinations of possible fractures, gross pathologies and foreign bodies with satisfying results.

GENERAL ELECTRIC X-RAY CORPORATION

It's the lightest unit of its compactness and flexibility ever built—comes in a neat carrying-case . . . is easy to assemble and disassemble. And because of its low cost is well within reach of every practicing physician.

To learn all the advantages of owning this popular G-E Portable X-Ray, clip this coupon now . . . mail it today.

General Electric X-Ray Corporation
Dept. 2690, 175 W. Jackson Blvd.
Chicago 4, Illinois

Send me G-E "Portable X-Ray" booklet

Name_____

Address_____

City_____

State or Province_____ C111



The Diagnostic Family is Growing

A new member has been added to the ever-growing Ames Diagnostic Family. The name of the latest arrival is—Hematest.

Here are the 3 members of the group to date:

1. *Hematest*

Tablet method for rapid detection of occult blood in feces, urine and other body fluids. Bottles of 60 tablets supplied with filter paper.

2. *Albutest*

(*Formerly Albumintest*)

Tablet, *no heating* method for quick qualitative detection of albumin. Bottles of 36 and 100.

3. *Clinitest*

Tablet, *no heating* method of detection of urine-sugar.

Laboratory Outfit (No. 2108).

Plastic Pocket-size Set (No. 2106).

Clinitest Reagent Tablets (No. 2101) 12x 100's for laboratory and hospital use.

All products are ideally adapted to use by physicians, public health workers and in large laboratory operations.

Complete information upon request. Distributed through regular drug and medical supply channels only.

AMES COMPANY, Inc.
ELKHART, INDIANA

BOOKS RECEIVED (Continued)

pital of the University of Pennsylvania, etc. With a Section on Fractures by Louis Kaplan, A.B., M.D., F.A.C.S., Associate in Surgery, University of Pennsylvania; Chief of Surgical Service II, Mt. Sinai Hospital; In charge of the Fracture Division of the Surgical Out-patient Department, Hospital of the University of Pennsylvania. Second Edition, 645 Illustrations. Philadelphia and London: J. B. Lippincott Company, 1947. Price $10.00.

SYNOPSIS OF OBSTETRICS: By Jennings C. Litzenberg, B.Sc., M.D., F.A.C.S., Professor Emeritus of Obstetrics and Gyncology, University of Minnesota Medical School, Minneapolis. With 157 Illustrations Including 5 in Color. Third Edition. St. Louis; The C. V. Mosby Company, 1947. Price $5.50.

COMMUNICABLE DISEASES: By Franklin H. Top, A.B., M.D., M.P.H., F.A.C.P., Medical Director, Herman Kiefer Hospital; Clinical Professor of Preventive Medicine and Public Health, Wayne University College of Medicine; etc. Collaborators. With 95 Text Illustrations and 13 Color Plates. Second Edition. St. Louis: The C. V. Mosby Co., 1947. Price $8.50.

A CONCISE COMPARATIVE ANATOMY: By William Henry Atwood, Head of the Department of Biology. Milwaukee State Teachers College. With 303 Illustrations. St. Louis: The C. V. Mosby Company, 1947. Price $3.75.

PRACTICAL X-RAY TREATMENT: By Arthur W. Erskine, M.D. Third Edition, Revised and Enlarged. The Bruce Publishing Company, Stain Paul and Minneapolis, 1947. Price $4.50.

TEXTBOOK OF ZOOLOGY: By George Edwin Potter, Ph.D., Professor of Zoology Agricultural and Mechanical College of Texas, Formerly Professor of Zoology at Baylor University. Second Edition with 445 Text Illustrations. St. Louis: The C. V. Mosby Company, 1947. Price $5.00.

PHARMACOLOGY, THERAPEUTICS AND PRESCRIPTION WRITING — For Students and Practitioners: By Walter Arthur Bastedo, Ph.G., Ph.M., (Hon.), M.D., Sc.D. (Hon.), F.A.C.P., Consulting Physician, St. Luke's Hospital, N. Y.; St. Vincent's Hospital, Staten Island, and the Staten Island Hospital; Instructor in Pharmacology, Cornell University; Associate in Pharmacology and Therapeutics and Assistant Clincal Professor of Medicine, Columbia University. Fifth Edition. 840 pages with 82 illustrations. Philadelphia and London: W. B. Saunders Company, 1947. Price $8.50.

When a physician encounters an infant or child with a positive tuberculin test, he has six clear-cut responsibilities: he must classify or describe the lesion, judge activity, determine communicability, seek the source of infection, make recommendations for therapy based on specific objective data and, last, follow each patient carefully at frequent intervals at least until all evidences of activity have subsided or until resolution of the initial lesion is complete. R. V. Platou, Am. Rev. of Tbc., April, 1947.

Physical Medicine Abstracts

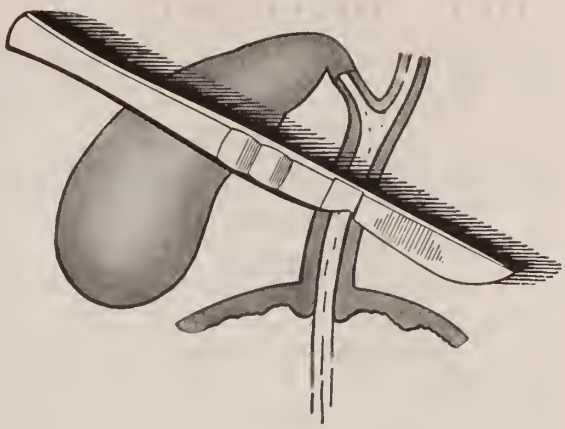
John S. Coulter, M.D.

THE VALUE OF PHYSICAL THERAPY IN INTERNAL MEDICINE

George Morris Piersol, M.D.
In THE BULLETIN OF THE U. S. ARMY MEDICAL DEPARTMENT, 7:8:674
August, 1947

The following discussion will be limited to a consideration of the value of physical methods of treatment in those conditions which properly belong to the domain of internal medicine. Neuropsychiatrists, orthopedists, and general surgeons have long been aware of the value of physical therapy in the management of conditions met in their special fields. Internists as a group seem to have been more reluctant to recognize the value of physical therapy as an adjunct to the treatment of many conditions with which they are confronted. In part, this is due to lack of understanding as to what constitutes physical therapy. Internists have been prone to think of this type of therapy as dependent upon complicated procedures which can be carried out only with the aid of expensive apparatus. They overlook the fact that the majority of effective physical methods of treatment depend on the simpler methods of applying heat, massage, manipulation, and exercise. The cold morning shower, the warm bath at bedtime to induce sleep, daily setting-up exercises, even the hot-water bottle to the abdomen, are just as surely physical therapy as are such complicated procedures as artificial induction of fever, various forms of diathermy, and the whirlpool bath. The indifference of many internists to the value of physical forms of therapy is the more remarkable when one considers that an analysis of the new patients referred to a department of physi-

(*Continued on page* 70)



Surgical Principle Accomplished Medically

Drainage in the presence of infection or congestion is a sound surgical principle.

In chronic inflammatory conditions of the bile passages without stones, drainage is accomplished by increasing the production and flow of free-flowing, low viscosity bile, employing Decholin for its hydrocholeretic action.

Decholin (dehydrocholic acid) stimulates the production of thin bile by the liver cells, with a resultant cleansing action on the entire biliary tract.

Decholin

REG. U.S. PAT. OFF.

Decholin is supplied in boxes of 25, 100, 500 and 1000 3¾ gr. tablets.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

AMES COMPANY, Inc.

ELKHART, INDIANA

Your Advertisers

This is an index of those who serve the Medical Profession and support your Journal. All advertisers are approved by your Journal Committee. It will help you to mention your Journal when writing them.

BODY SUPPORTS

Spencer, Inc., New Haven, Conn. 62
Spencer Support Shop, Chicago 2 62
J. E. Hanger, Inc., Chicago 5 35

CLASSIFIED

Classified Advertisements 74

EQUIPMENT

General Electric X-Ray Corp., 2012 Jackson Blvd., Chicago 65
Picker-Ray Corp., New York 10 23

FINANCIAL AND INSURANCE

Medical Protective Co., Fort Wayne, Ind. 3
Physicians Casualty Co., Omaha, Neb. 71

FOODS

American Diet Service 72
American Meat Institute, Chicago, Ill. 59
Borden Company, 350 Madison Ave., New York 15
Coca Cola, Atlanta, Ga.
Knox Gelatin Laboratories, Johnstown, N. Y. 69
Libby, McNeil & Libby, Chicago 9, Ill. 11
Mead Johnson & Co., Evansville, Ind. .. Inside Back Cover
National Confectioner's Ass'n., Chicago 2, Ill. 42
National Dairy Products, New York, N. Y.
Swift & Co., Chicago 9 60
Wander Company, 360 N. Michigan Ave., Chicago 32

PHARMACEUTICALS

Abbott Laboratories, North Chicago, Ill. 12
Ames Co., Inc., Elkhart, Ind. 66, 67
ArEx Cosmetics, Chicago 74
Ayerst McKenna & Harrison, Ltd., New York 16 27
Baybank Pharmaceutical, Inc., New York 4 7
Bilhuber-Knoll Corp., Orange, N. J. 54
Borcherdt Malt Extract Co., Chicago 12 74
Bristol Laboratories, Inc., Syracuse, N. Y. 28
Bristol-Myers Co., New York 46
Ciba Pharmaceutical Products, Inc., Summit, N. J. 16
Doho Chemical Corp., New York 13 43
Durex Products Inc., New York 68
C. B. Fleet Co., Lynchburg, Va. 10
Otis E. Glidden Co., Evanston, Ill. 48
Gold Pharmacal Co., New York 73
Hoffman-LaRoche, Inc., Nutley, N. J. 9
Holland-Rantos Co., 551 Fifth Ave., New York
Hynson, Westcott & Dunning, Charles and Case Sts., Baltimore 52
International Vitamin Corp. 36
International Pharmaceutical Corp., Boston 16, Mass. ... 30
Irwin, Neisler & Co., Decatur, Ill. 40
Lanteen Medical Laboratories, Chicago 10 53
Thos. Leeming Co., 155 E. 44th St., N. Y. 17, N. Y. ..
Lilly, Eli & Co., Indianapolis, Ind. 37, 38, 39
S. E. Massengill Co., Bristol, Tenn.
McNeil Laboratories, Inc., Philadelphia, Pa. 34
Merck & Co., Rahway, N. J. 47
Morris, Phillip & Co., 119 Fifth Ave., New York 8
Nepera Chemical Co., Inc., Yonkers 2, N. Y. 21
Nion Corporation, Los Angeles 38, Calif. 64
Num Specialty Co., Pittsburgh, Pa. 71
Parke, Davis & Co., Detroit, Mich. 24, 25, 63
Reed & Carnrick, Jersey City 6, N. J.
Rexall Drug Co.
Reynolds & Co., R. J., Winston-Salem 45
Riedel-de Haen, Inc., New York City
A. H. Robins Co., Richmond 19, Va. 50
Roche-Organon, Inc., Nutley, N. J. 22
J. B. Roerig & Co., 536 Lake Shore Drive, Chicago
Schenley Laboratories, Inc.
Schering Corporation, Bloomfield, N. J. 13
Julius Schmid, Inc., 423 W. 55th St., New York City 17
G. D. Searle & Co., P. O. Box 5100, Chicago Inside Front Cover
Sharp & Dohme, 111 N. Canal St.
Smith, Kline & French 6, 26, 33, 41, 61
E. R. Squibb & Sons, New York 44
Frederick Stearns & Co., Detroit 31
Upjohn Co., Kalamazoo, Mich. 49
U. S. Vitamin Corp., 250 E. 43rd St., New York 17, N. Y. 51
Walker Vitamin Products, Inc., Mount Vernon, New York
Wm. R. Warner & Co., 113 W. 18th St., New York 29
Winthrop Chemical Co., 70 Varick St., New York 14
White Laboratories, Inc., Newark, N. J. 4, 5, 19, 20, 55, 56, 57, 58
Whittaker Laboratories, Inc., New York City 35
Wyeth, Inc., Philadelphia 18
Zemmer Co., Pittsburgh, Pa. 74

SANATORIA AND SANITARIA

Costeff Sanitarium, Peoria, Ill. 72
Edward Sanatorium, Naperville, Ill. 70
Michell Sanatorium, Peoria, Ill. 70
Milwaukee Sanitarium, Wauwatosa, Wis. Back Cover
Norbury Sanatorium, Jacksonville, Ill. 71
North Shore Health Resort, Winnetka 72
Mary E. Pogue School, Wheaton, Ill. 73
Stokes Sanitarium, Louisville, Ky. 74

RADIUM

Central X-Ray & Clinical Laboratory, 58 E. Washington St., Chicago, Ill. 71
Physicians Radium Assn., 55 E. Washington St., Chicago 73

When CONCEPTION IS CONTRA-INDICATED

LACTIKOL JELLY and CREME

- Immobilize sperm INSTANTLY on contact.
- The pH of Lactikol Jelly and Lactikol Creme are both within the normal vaginal range.

Active Ingredients: Lactikol Jelly — Lactic Acid, 1.5%; Glyceryl Monaricinaleate, 1.0%; Sodium Lauryl Sulfate, 0.2%; Oxyquinaline Sulfate 0.05%. Lactikal Creme—Lactic Acid 0.5%; Glyceryl Monaricinaleate, 1.5%; Sadium Lauryl Sulfate, 0.6%.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

WRITE FOR CLINICAL SAMPLES TO DUREX PRODUCTS, INC., Dept. 9 684 BROADWAY, NEW YORK, N.Y

How to make *Special Diet* patients happy!

For the Peptic Ulcer, Colitis or Diabetic patient the diet is special and, usually, rigid

HOWEVER, with Knox Gelatine it is easy to prepare dishes within the limits of the prescribed diet that make the patient happy. From a psychological as well as a health standpoint, this is extremely important.

Pure, unflavored Knox Gelatine can be used in the widest variety of different salads, desserts, main dishes...many of them made with real fruits or vegetables, flavored with their good, natural juices.

Knox Gelatine, unlike flavored gelatine dessert powders which are 7/8 sugar, artificially flavored and acidified, is all protein and contains no sugar.

If you wish free diets and recipes, write to Knox Gelatine, Dept. 483, Johnstown, N. Y.



KNOX GELATINE

ALL PROTEIN • NO SUGAR

NERVOUS and MENTAL DISEASE

FOR MILD CASES *FOR SEVERE CASES*

MICHELL FARM — MICHELL SANATORIUM

Licensed by State of Illinois

George W. Michell, M.D., Medical Director

INFORMATION ON REQUEST

106 North Glen Oak Ave., Ph. 3-5179, Peoria, Ill.

Chicago Office:

46 East Ohio Street . . . Phone Delaware 6770



PHYSICAL MEDICINE (Continued)

cal medicine of a general hospital during the course of a single year shows that about 45 percent suffer from medical conditions.

Conclusions

The efficacy of the treatment of many medical disorders of frequent occurrence is enhanced by the use of physical therapy. Effective treatment by physical means, in internal medicine at least, still depends largely upon such simple procedures as the use of rest, exercise, heat and massage. It is difficult to appraise accurately the value of different types of treatment, because too many conclusions continue to be based on uncontrolled observations. There is still a confusing lack of agreement among equally competent observers as to the results obtained from the various techniques used in physical medicine and what their effects on physiologic processes are.

CLIMATE AND CONVALESCENCE

Sir Adolphe Abrahams, O.B.E., M.D., F.R.C.P.
Physician, Westminster Hospital

In THE PRACTITIONER, No. 950
August, 1947

Although the science of climatology has aroused the interest of observers for many generations, the absence of an extensive literature mirrors the comparative apathy of the medical profession in regard to the scope and opportunities of climatotherapy. The subject has little if any examination value; a circumstance which inevitably influences the teachers of medicine whose practical application, moreover, will be embodied in the extent of the opportunities they themselves have enjoyed for travel and for residence in the localities they are called upon to recommend. But the modern tendency is only too often to advise complete rest and change, leaving the patient to work out the details for himself.

Attention may now be directed to special climatic requirements of individual ailments.

In the first place, although a moderate degree of *coldness* is beneficial to almost everybody, it must be remembered that some people, on account of an idiosyncrasy of their peripheral circulation, are wretched in cold atmospheres, which are to them, if not injurious, distinctly disagreeable and to some extent offset the other favourable circumstances.

Those recovering from *pulmonary diseases* or

Edward Sanatorium

NAPERVILLE, ILLINOIS
(30 miles west of Chicago)
Est. 1907 by Dr. Theodore B. Sachs

FOR THE TREATMENT OF TUBERCULOSIS

Jerome R. Head, M.D.—Chief of Staff
Ideally situated — beautiful landscaped surroundings — modern buildings and equipment
A-A rating by Illinois Department of Health
Full approval of the American College of Surgeons
Active Institutional member of the American Hospital Association
For detailed information apply to—

Business Office at the Sanatorium

Telephone
Naperville 450

The NORBURY SANATORIUM

JACKSONVILLE, ILLINOIS — INCORPORATED and LICENSED

For the Treatment of Nervous and Mental Disorders

DR. ALBERT H. DOLLEAR, Superintendent
DR. FRANK GARM NORBURY, Medical Director
DR. SAMUEL N. CLARK, Physician
DR. HENRY A. DOLLEAR, Associate Physician
DR. FREDERICK A. CAUSEY, Associate Physician in Residence

Address Communications — THE NORBURY SANATORIUM, Jacksonville, Illinois

subject to *bronchitis* must certainly choose a humid atmosphere.

For *kidney disease* warmth and dryness are essential.

Sufferers from *gastro-intestinal diseases* and disturbances are often adversely affected by sea air and they are peculiarly susceptible to chills.

Organic nervous diseases hardly call for any special climatic consideration except in respect to the avoidance of complications.

The possibilities of suitable exercise demand careful consideration. One man's pleasure is another man's madness. To one, climbing makes a unique appeal; another prefers long but easy walks.

RAPID POSTOPERATIVE MOBILIZATION

Vincent D'Ingianni, M.D., New Orleans

In NEW ORLEANS MEDICAL AND SURGICAL JOURNAL, 100:2:80
August, 1947

The results of rapid mobilization:

When a patient sits up alongside his bed six to ten hours after an operation he necessarily exerts himself, quickens his respiration and

ACCIDENT - HOSPITAL - SICKNESS

INSURANCE

FOR PHYSICIANS, SURGEONS, DENTISTS EXCLUSIVELY

ALL PREMIUMS COME FROM — PHYSICIANS SURGEONS DENTISTS — ALL CLAIMS GO TO

$5,000.00 accidental death $25 weekly indemnity, accident and sickness	**$8.00** Quarterly
$10,000.00 accidental death $50 weekly indemnity, accident and sickness	**$16.00** Quarterly
$15,000.00 accidental death $75 weekly indemnity, accident and sickness	**$24.00** Quarterly
$20,000.00 accidental death $100 weekly indemnity, accident and sickness	**$32.00** Quarterly

ALSO HOSPITAL EXPENSE FOR MEMBERS WIVES AND CHILDREN

86c out of each $1.00 gross income used for members' benefit

$3,000,000.00 INVESTED ASSETS — **$14,500,000.00 PAID FOR CLAIMS**

$200,000.00 deposited with State of Nebraska for protection of our members.

Disability need not be incurred in line of duty—benefits from the beginning day of disability

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

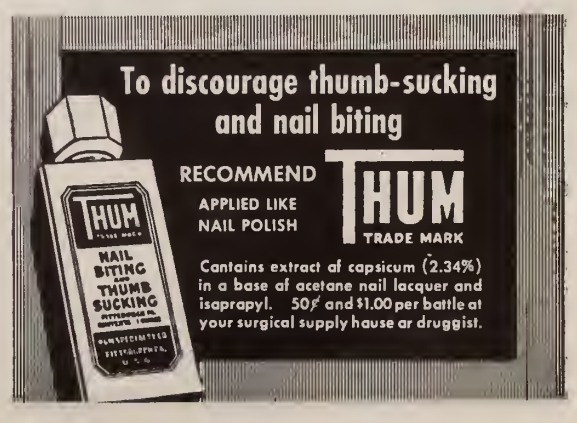
45 years under the same management
400 First National Bank Building — OMAHA 2, NEBRASKA

Radium Rental
Prompt Service

Deep X-Ray & Radium Therapy

Central X-Ray & Clinical Laboratory

Fred F. Schwartz, M.D., Director.
58 E. Washington St., Dear. 6960
CHICAGO, ILL.





NORTH SHORE HEALTH RESORT
WINNETKA, ILLINOIS
on the Shores of Lake Michigan
A completely equipped sanitarium for the care of
nervous and mental disorders, alcoholism and drug addiction
offering all forms of treatment, including electric shock
Samuel Liebman, M.S., M.D.
Medical Director
FULLY APPROVED BY THE AMERICAN COLLEGE OF SURGEONS
225 Sheridan Road Phone Winnetka 211

PHYSICAL MEDICINE (Continued)

aerates the bases of his lungs. Motion causes a cough reflex and stirs the accumulated plugs of mucous in the bronchioles, thus diminishing the the chances for atelectesis or patchy pneumonitis. Turning from side to side in bed does not accomplish this as does the upright position. Distention, probably due to swallowing air, is relieved by standing.

Vital capacity can only reach its maximum when a person stands upright and moves about; it is limited by the resistance offered to the back by the bed when a reclining position is assumed.

Rapid mobilization quickens circulation, thus lessening the chances for stagnation, clotting, and pulmonary emboli. There have been no instances of emboli among the 700 cases upon which this report is based.

Early body motion after operation maintains muscle tone, which is highly desirable. Present day orthopedists recognize this fact; their trend is away from heavy casts which restrict motion and thus cause muscle atrophy. Motion prevents the accumulation of waste products in the tissues.

Rapidly mobilized patients do not usually need purgation or catheterization for their normal body functions are resumed early after regular motion is resumed.

Pain and incisional discomfort which are often intense when a patient rises on the first or second postoperative day diminishes rapidly, if one is to judge by the number of injections of narcotics needed by the patients rapidly mobilized.

The attitudes of well-being and of independence, which are inevitable sequellae of rapid mobilization, are indeed worthy of mention.

The unanimous approval by the patients themselves of this method of postoperative treatment is significant.

BED EXERCISES SEND THEM HOME SOONER

Nila K. Covalt, M.D.

In THE MODERN HOSPITAL, 68:6:60 • June, 1947

Three other factors can also assist in shorten-

COSTEFF SANITARIUM
Mental and Nervous Disorders
Alcoholism and Drug Addiction
- **SHOCK TREATMENT** (Insulin, Metrazol Electro-shock) administered in suitable cases
- **ARTIFICIAL FEVER THERAPY**

Home like environment, individual attention. MODERATE RATES.
Licensed by the State of Illinois
HARRY COSTEFF, M. D., Medical Director
1109 NO. MADISON AVE., PEORIA, ILL.
Phone 4-0156 Literature on request.

DIETS • DIETS • DIETS
42 — Scientifically prepared diets — 42
Write today for complete list
Special Introductory Offer
INDEXED FOLIO FREE WITH INITIAL ORDER
200 ASSORTED DIETS — $6.50
Imprinted with physician's name and address. Mail check with order, giving printing instructions. Allow 10 days for delivery.
AMERICAN DIET SERVICE
424 Book Building, Detroit 26, Mich.

in whooping cough

ELIXIR BROMAURATE

IS A UNIQUE REMEDY OF UNIQUE MERIT

Cuts short the period of illness and relieves the distressing spasmodic cough. Also valuable in Bronchitis and Bronchial Asthma.

In four-ounce original bottles. A teaspoonful every 3 to 4 hours.

Prescribed by Thousands of Doctors

GOLD PHARMACAL CO. NEW YORK CITY

ing a patient's hospital stay and are in themselves specific forms of therapy.

The first of these is the teaching of correct bed postures to all patients immediately after admission to the hospital.

The second factor is to have all patients taught relaxation, which is a form of muscle reeducation.

The third factor is the teaching of bed exercises. These are one form of therapeutic exercises. When used correctly, they have a twofold purpose: (1) to assist in keeping up the general tone of all muscles; (2) to strengthen certain muscles which have been injured or weakened by disuse owing to prolonged bed rest or which have suffered injury as a result of specific surgical procedures.

If there is a physical therapy department in the hospital, a small remedial gymnasium located beside the treatment room can be of great assistance for semiambulant, ambulant and long term patients. However, if there is no such department, hallways, open wards and sun porches can be utilized. Group exercises can be done in these locations also.

Radium Rental Service

By

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

●

The Physicians Radium Association

Room 1307—55 East Washington St., Pittsfield Bldg., CHICAGO 2, ILL.

Telephones: Central 2268-2269

Wm. L. Brown, M.D., Director

Wm. L. Brown, Jr., M.D., Associate



THE MARY POGUE SCHOOL

Complete facilities for training retarded and epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

Recreational facilities include riding, group games, selected movies under competent supervision.

Separate buildings for boys and girls under 24 hour supervision of skilled personnel.

Catalogue on request.

G. H. Marquardt, M.D. *Medical Director*

Barclay J. MacGregor *Registrar*

33 GENEVA ROAD, WHEATON, ILLINOIS

(near Chicago)

Zemmer PHARMACEUTICALS

AURI-TUSSIN-ZEMMER

In the Treatment of Whooping-cough and Adult Irritating Branchial Coughs

The pharmacologic action and the therapeutic effect of Auri-Tussin, a solution of Gold Tribromide, in Whooping-cough is due to the antiseptic action of the Gold and the neuro-sedative action of the bromide. Supplied in ½ oz. dropper bottles.

Literature and Prices on Request.

THE ZEMMER COMPANY IL-11-47

Chemists to the Medical Profession **PITTSBURGH 13, PA.**

BORCHERDT MALT SOUP EXTRACT — EST. 1868



for Constipated Babies

Borcherdt's Malt Soup Extract is a laxative modifier of milk. One or two teaspoonfuls in a single feeding produce a marked change in the stool. Council Accepted. Send for sample.



BORCHERDT MALT EXTRACT COMPANY, 217 N. Wolcott Ave., Chicago 12, Ill.

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our **ALCOHOLIC** treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquor withdrawn gradually, no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The **DRUG** treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101

Classified Ads

RATES FOR CLASSIFIED ADVERTISEMENTS—For 30 words or less: 1 insertion, $3.00; 3 insertions, $8.00; 6 insertions, $14.00; 12 insertions, $24.00; from 30 to 50 words: 1 insertion, $4.00; 3 insertions, $10.50; 6 insertions, $20.00; 12 insertions, $30.00. Extra words: 1 insertion, 10c each; 3 insertions, 25c each; 6 insertions, 40c each; 12 insertions, 50c each. A fee of 25c is charged for those advertisers who have answers sent care of the Journal. Cash in advance must accompany copy.

WANTED: Psychiatrists for Illinois Mental Hospitals. Salary $4740-$7920. Requirements: Graduation from Class A Medical School, Illinois licensure or qualifications for same. Maintenance available. Illinois Department of Public Welfare, 160 North LaSalle Street, Chicago 1, Illinois.

WANTED: For Illinois Institutions. Physicians, Public Health Physicians, Tuberculosis Control Physicians, Pathologists. Salaries — $4080-$6960. Requirements — Graduation from a Class A Medical School, Illinois licensure or qualifications for same. Maintenance available. Illinois Department of Public Welfare, 160 North LaSalle Street, Chicago 1, Illinois.

WANTED: Residents and Fellows. Rotating Residencies and Fellowships in Psychiatry and Neurology acceptable for certification by American Board, available in approved Illinois Mental Hospitals. Salary: 1st year — $2400-$3240, 2nd year — $2760-$3480, 3rd year — $4080-$4800. Requirements: Graduation from a Class A Medical School, Illinois licensure or qualifications for same. Maintenance available. Illinois Department of Public Welfare, 160 North LaSalle Street, Chicago 1, Illinois.

FOR SALE: 30 years of established dermatological practice in Chicago and vicinity complete with equipment and entire records of thousand of patients. Only $1,000.00. Write Wm. R. Semerak, 333 N. Michigan Ave., Chicago 1. 12/47

WANTED: Thoroughly competent physician for Industrial office. Must be graduate of Class A school with adequate hospital training. 200 Republic Building, Cleveland, Ohio.

WANTED: Thoroughly competent physician for night work. Must be graduate of Class A school with adequate hospital training. 200 Republic Building, Cleveland, Ohio.

PREGNANCY TESTING SERVICE: Laboratory test using Xenopus frog. Twenty-four hour service. Six dollar fee. Instructions, urine specimen container, mailing case furnished upon request. Paul L. Fry, PhC, Dixon, Illinois. 9/48

WANTED: Am interested in affiliating with gen'l practitioner. Young, single, male physician who has just completed one year intern. and year's residency in neurology & psychiatry. Any place in the state. Can supply excel. references. Write Box 134, Illinois Med. Journal, 30 N. Michigan, Chicago 2.

FOR SALE: Keleket X-Ray Machine, Non bucky flat radiographic and fluoroscopic table, developing tank & accessories, other office equip. priced low for immed. disposal. Mrs. E. F. Sullivan, 311 N. Union, Staunton, Ill.

Cabinets, tables, chairs, stands, hospital beds, wheel chairs, walkers, lamps, diathermy, instruments, sterilizers, books, microscopes, otoscopes, manometers, supplies. New. Used. Bought. Sold. Rented. Repaired. Fitzsimmons Medical Supply, 5654-56 W. Lake St., Chicago 44. MANsfield 5619. 1/48

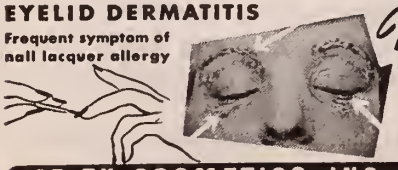
NO PROOF YET THAT FLUORIDE TABLETS WILL REDUCE ADULT DENTAL DECAY

"At the present time there is no acceptable scientific evidence adequately controlled which would indicate that flouride tablets taken by adults will or will not reduce the incidence of dental caries," it is stated in the October 4 issue of *The Journal of the American Medical Association* in response to a reader's query.

The case for flouride tablets, says the article, rests on the fact that it has been shown that children calcifying their permanent teeth while using a domestic water containing about one part per million of flouride have only about one third as many dental cavities as comparable groups of children using a fluoride-free water. Evidence as to the effectiveness of synthetic fluoride preparations is still inconclusive, however.

EYELID DERMATITIS

Frequent symptom of nail lacquer allergy



New **AR-EX *HYPO-ALLERGENIC* NAIL POLISH**

In clinical tests proved SAFE for 98% of women who could wear no other polish used.

At last, a nail polish for your allergic patients. In 7 lustrous shades. Send for clinical resume.



EXCLUSIVELY BY AR-EX Cosmetics

AR-EX COSMETICS, INC. 1036 W. VAN BUREN ST., CHICAGO 7, ILL.

SHOULD VITAMIN D BE GIVEN ONLY TO INFANTS?

VITAMIN D has been so successful in preventing rickets during infancy that there has been little emphasis on continuing its use after the second year.

But now a careful histologic study has been made which reveals a startlingly high incidence of rickets in children 2 to 14 years old. Follis, Jackson, Eliot, and Park* report that postmortem examination of 230 children of this age group showed the total prevalence of rickets to be 46.5%.

Rachitic changes were present as late as the fourteenth year, and the incidence was higher among children dying from acute disease than in those dying of chronic disease.

The authors conclude, "We doubt if slight degrees of rickets, such as we found in many of our children, interfere with health and development, but our studies as a whole afford reason to prolong administration of vitamin D to the age limit of our study, the fourteenth year, and especially indicate the necessity to suspect and to take the necessary measures to guard against rickets in sick children."

*R. H. Follis, D. Jackson, M. M. Eliot, and E. A. Park: Prevalence of rickets in children between two and fourteen years of age, Am. J. Dis. Child. 66:1-11, July 1943.

MEAD'S Oleum Percomorphum With Other Fish-Liver Oils and Viosterol is a potent source of vitamins A and D, which is well taken by older children because it can be given in small dosage or capsule form. This ease of administration favors continued year-round use, including periods of illness.

MEAD'S Oleum Percomorphum furnishes 60,000 vitamin A units and 8,500 vitamin D units per gram. Supplied in 10- and 50-cc. bottles and bottles of 50 and 250 capsules. Ethically marketed.

MEAD JOHNSON & COMPANY, Evansville 21, Ind., U.S.A.

N Y Acad of Med
5 Ave & 103rd St
New York N Y
Lxoch



COLONIAL HALL

FOR NERVOUS DISORDERS

MAINTAINING the highest standards for more than a half century, the Milwaukee Sanitarium stands for all that is best in the care and treatment of nervous disorders. Photographs and particulars sent on request.

Josef A. Kindwall, M. D.
Carroll W. Osgood, M. D.
William T. Kradwell, M. D.
Benjamin A. Ruskin, M. D.
Lewis Danziger, M. D.
Russell C. Morrison, M. D.
E. Madison Paine, M. D.
H. Gladys Spear, M. D.
Arthur J. Patek, M. D.

G. H. Schroeder
Business Manager

MILWAUKEE SANITARIUM

WAUWATOSA—WISCONSIN

PHYSICIAN'S CHICAGO OFFICE—1117 Marshall Field Annex—Wednesdays, 1-3 P.M.

ACADEMY OF MEDICINE
DEC 30 1947
LIBRARY

The ILLINOIS Medical Journal

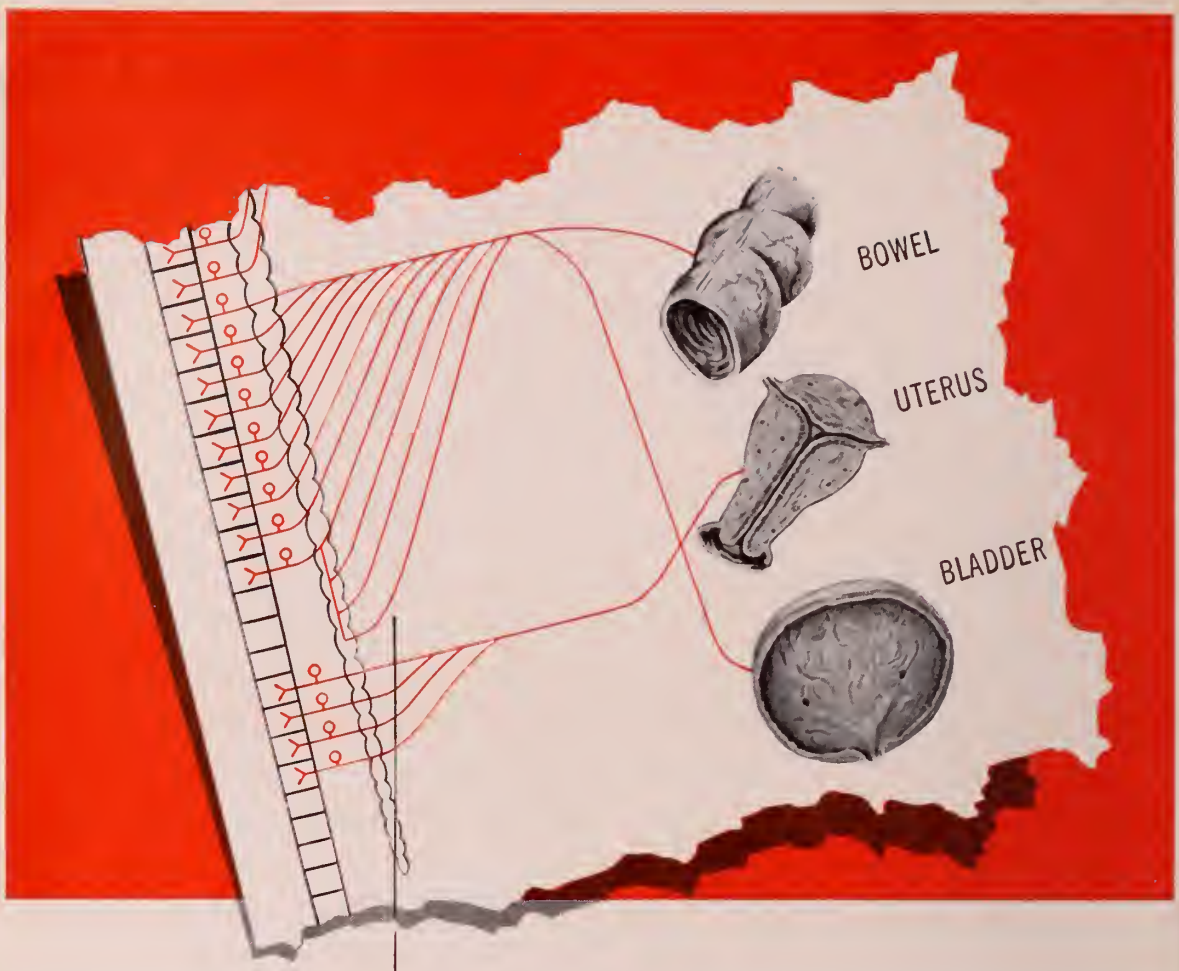
VOL. 92 NO. 6

December, 1947

The Journal Extends
Greetings
And Wishes All Readers
A
Very Happy New Year

(See page 33 for complete Table of Contents)

OFFICIAL JOURNAL OF THE ILLINOIS STATE MEDICAL SOCIETY



when pain is caused by spasm

In smooth muscle spasm—gastrointestinal spastic states, primary dysmenorrhea, bladder spasm —whether of neural or muscular origin, relief may be obtained with the effective synthetic antispasmodic, Pavatrine.

PAVATRINE

(β-diethylominoethyl fluorene-9-corboxylate hydrochloride)

with Phenobarbital

—is both neurotropic and musculotropic in its ability to relax smooth muscle spasm. It is non-narcotic.

The dual relaxing effect is exerted on sphincters (cardiac, pyloric, sphincter of Oddi), bowel, uterus and bladder, with an accompanying relief of pain in spastic conditions of these organs.

Pavatrine is the registered trademark of G. D. Searle & Co., Chicago 80, Illinois.

SEARLE

RESEARCH IN THE SERVICE OF MEDICINE

Entered as Second-Class Matter July 21, 1919, at the Post Office, Oak Park, Illinois, under the Act of March 8, 1879. Acceptance for mailing at special rate of postage provided for in section 1102, Act of October 8, 1917, authorized July 15, 1918. Office of Publication, 715 Lake Street, Oak Park, Ill.





to revive normal interest and activity

'Dexedrine' is of unequalled value for the depressed patient.

Not only does Dexedrine produce striking improvement in mood and outlook—but, because of the unique "smoothness" of its action, it spares the patient the disturbing consciousness of "drug stimulation."
Smith, Kline & French Laboratories, Philadelphia

Dexedrine*

Sulfate elixir tablets

the central nervous stimulant of choice (*dextro-amphetamine sulfate, S. K. F.*)

*T.M. REG. U.S. PAT. OFF.

SYMBOLS OF SIGNIFICANCE

Digifortis Kapseals





Enlarged liver and dependent edema too often usher in the cardiac patient who has delayed visiting his physician on the false hope that time alone would cure his ills. Prompt digitalization with KAPSEALS DIGIFORTIS may be rewarded by early compensation and disappearance of congestive signs.

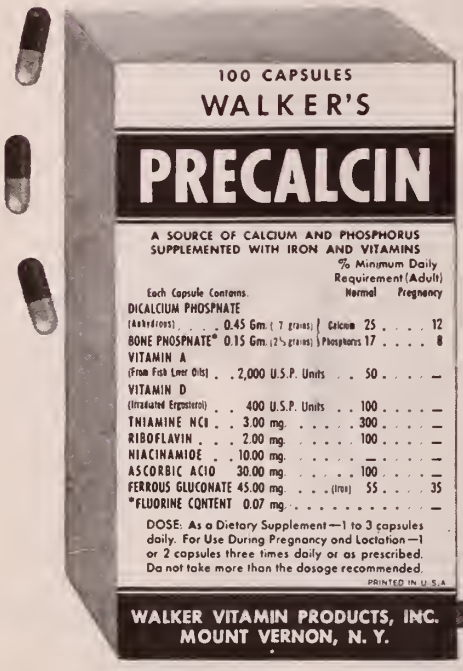
Meticulously prepared and precisely standardized, KAPSEALS DIGIFORTIS is a Parke-Davis product whose past and present history of clinical success in the treatment of heart disease constantly reaffirms the mark of Parke-Davis as a symbol of therapeutic significance.

KAPSEALS DIGIFORTIS, each the equivalent of 0.1 Gm. (1½ gr.) International Standard Digitalis, are available in bottles of 100 and 500.

MEDICAMENTA VERA

PARKE, DAVIS & COMPANY · DETROIT 32, MICHIGAN

WALKER



PRENATAL PEDIATRICS

It is increasingly appreciated that care of the child's health begins with adequate nutritional care of the pregnant woman. **PRECALCIN*** in capsules presents an outstanding combination, containing:

MINERALS: Calcium, phosphorus, and iron. Especially valuable is the natural mineral component—purified BONE PHOSPHATE†—demonstrated clinically to be an advantageous form of mineral supplementation (Martin, E. M.: Canad. M. A. J. 50: 562 (June) 1944).

VITAMINS: A multivitamin formula in potent dosage.

*Exclusive trademark of Walker Vitamin Products, Inc.
†Fluorine content, 0.07 mg. per capsule.

Walker VITAMIN PRODUCTS, INC. MOUNT VERNON, N. Y.



FACTS ABOUT Ramses TRADEMARK REG. U.S. PAT. OFF. VAGINAL JELLY

- Immobilizes sperm in the fastest time recognized under the Brown and Gamble measurement technique;
- Does not liquefy at body temperature nor separate on standing . . . not unduly lubricating;
- Maintains an occlusive film over the cervix uteri for as long as 10 hours after coitus as confirmed by direct-color photography;
- Nonirritating and nontoxic, therefore suitable for continuous use.

For the optimum protection which can be furnished by a vaginal jelly—"RAMSES"* Vaginal Jelly can be specified with the confidence that no better product is available. Active ingredients: Dodecaethyleneglycol Monolaurate 5%; Boric Acid 1%; Alcohol 5%.

gynecological division

JULIUS SCHMID, INC., 423 W. 55th St., New York 19, N. Y.

quality first since 1883

*The word "RAMSES" is a registered trademark of Julius Schmid, Inc.





What Makes a Happy Baby?

REGARDLESS of the many other considerations involved, only a well-nourished baby can be a happy baby. To this end, Libby's Baby Foods can contribute considerably. Homogenized by an exclusive process, Libby's are modified so that cellulose cell capsules are ruptured and nutrients are dispersed homogeneously through the food mass.

Nutrient availability is enhanced and texture is changed to such satin-smoothness that Libby's Baby Foods have been fed as early as the sixth week of life. Thus the infant is provided with the many valuable nutrients contained in the wide variety of infant foods made available by Libby.

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

Beets • Carrots • Green Beans • Peas • Spinach • Squash • Vegetable Soup • Mixed Vegetables • Garden Vegetables • Liver Soup • Vegetables with Bacon • Vegetables with Beef and Barley • Vegetables with Lamb • Apples and Apricots • Apples and Prunes • Apple Sauce • Apricot-Farina • Peaches • Peaches-Pears-Apricots • Pears and Pineapple • Prunes (with Pineapple Juice and Lemon Juice) • Custard Pudding



Libby, McNeill & Libby • Chicago 9, Illinois

To | Oral Effectiveness and High Potency



ADD...a "plus"

An increasing number of investigators are commenting on the general "sense of well-being" which is usually experienced by menopausal patients following "Premarin" administration. This is a "plus" in therapy which is most gratifying to the woman crossing the threshold of the climacteric.

"Premarin" is supplied as follows:

Tablets of 2.5 mg. bottles of 20 and 100
Tablets of 1.25 mg. bottles of 20, 100 and 1000
Tablets of 0.625 mg. bottles of 100 and 1000
Liquid, containing 0.625 mg. in each 4 cc. (1 teaspoonful) . . . bottles of 120 cc.

While sodium estrone sulfate is the principal estrogen in "Premarin," other equine estrogens ... estradiol, equilin, equilenin, hippulin ... are also present in varying small amounts, probably as water-soluble sulfates. The water solubility of conjugated estrogens (equine) permits rapid absorption from the gastrointestinal tract.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Ayerst

CONJUGATED ESTROGENS
(equine)

"Premarin"®

AYERST, McKENNA & HARRISON Limited

22 EAST 40TH STREET, NEW YORK 16, N. Y.



For easing the strain

on parental patience

Parents have enough problems without adding that of administering a vitamin preparation to recalcitrant offspring. It's no wonder Abbott's Vi-Daylin has been so popular with mothers and fathers. Small patients like the lemon-candy taste and fresh citrus-fruit odor of Vi-Daylin. Mother needn't beg or bribe to get the child to take it directly from the spoon—or it can be mixed with milk, fruit juice or cereal. Vi-Daylin is not heavy or bulky, leaves no fishy odor on hands or in the refrigerator. One daily serving of Vi-Daylin provides adequate vitamin supplementation for the average infant or child. For children up to 12 years of age a single teaspoonful (5 cc.) of Vi-Daylin supplies twice the minimum daily requirements of vitamins D and C and thiamine, the full minimum requirement of vitamin A and supplemental amounts of riboflavin and nicotinamide. Vi-Daylin is especially suitable for infants since it is virtually free of alcohol (less than 0.5%). On your next prescription for a multiple vitamin product, please your little patients and their parents by specifying Vi-Daylin—available at prescription pharmacies everywhere in 90-cc. and one-pint bottles. ABBOTT LABORATORIES, North Chicago, Illinois.

Vi-Daylin
TRADE MARK

(Vitamins A, B_1, C, D, Riboflavin and Nicotinamide in palatable liquid form)

℞ Pantopon gr. ii .12 Gm
Syr. Thiocol, q.s..... ℥ vi 180 cc
M. Sig. ℥ i every 3 hours.

℞ Elix. Alurate ℥ iii 90 cc
Syr. Thiocol, q.s..... ℥ vi 180 cc
M. Sig. ℥ i every 2 to 3 hours.

Wide clinical use has proved Syrup of Thiocol* to be a fine cough remedy—by itself or as a therapeutic vehicle in extemporaneous prescriptions. For a collection of useful cough prescriptions, write to our Professional Service Department.

HOFFMANN-LA ROCHE INC.
NUTLEY 10 • N. J.

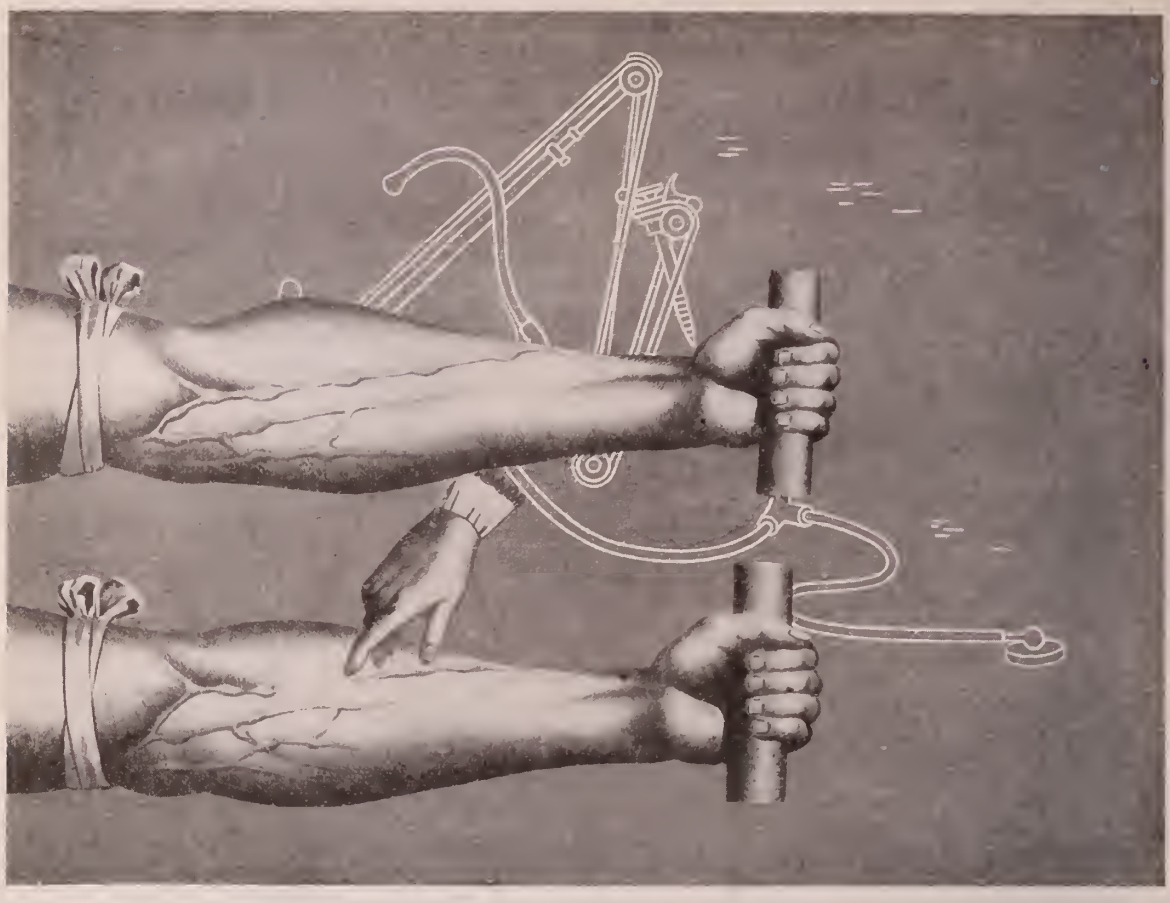
FOR THE CONTROL OF COUGHS

syrup of thiocol 'ROCHE'

℞ Elix. Three Bromid..... ℥ i 30 cc
Syr. Thiocol, q.s..... ℥ iv 120 cc
M. Sig. ℥ i every 2 to 3 hours.

℞ Syr. Ipecac ℥ i 30 cc
Anis. Sp. Ammon..... ℥ iii 12 cc
Syr. Thiocol, q.s..... ℥ vi 180 cc
M. Sig. ℥ i every 2 to 3 hours.

*Reg. U. S. Pat. Off.



The First Modern Physiology...

Medicine and Dentistry, before Harvey (1578-1657), knew little about organic *function.* But, after discovery of valves in the veins by Fabricus, his teacher at Padua, Harvey was ready for his great work.

He saw blood spurt from a snake's artery nicked *above* a ligature. When he nicked its main artery *below* a ligature, he saw no spurt of blood; and its heart swelled to bursting. He found only 4 pounds of blood in a sheep's body, but its heart was pumping out 3.5 pounds in an hour. It must *return* to the heart! It must make a *circuit!* Now a doctor could really *understand* the spread of infection and the function of major organs, and perform more intelligent surgery.

A doctor's responsibility was growing as fast as his knowledge. By 1553, he was liable for negligence, even without breach of contract. Tort law was on the way, with its newer doctrines of the doctor's liability.

★ ★ ★

Doctors Today avoid loss of reputation, time and money by securing the Medical Protective policy's *complete* protection, *preventive* counsel and *confidential* service.

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA

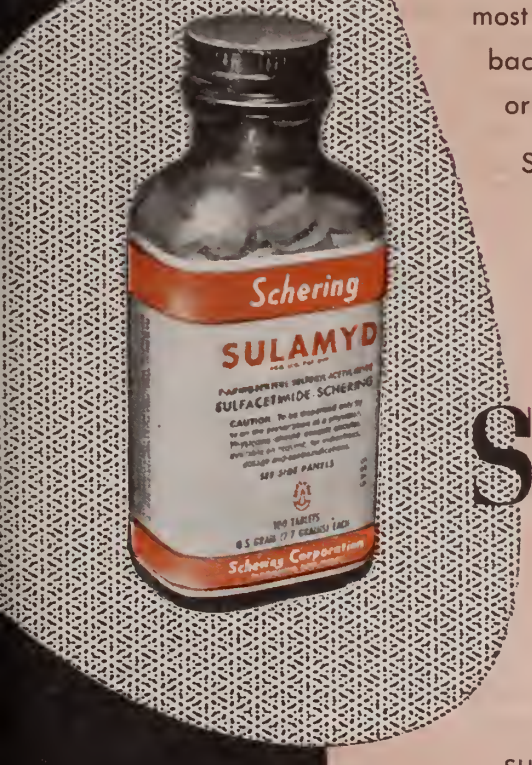
Professional Protection EXCLUSIVELY . . . *since 1899*

CHICAGO: T. J. Hoehn, E. M. Breier, W. R. Clouston, and Robert B. Johnson, Representatives, 1142-44 Marshall Field Annex Bldg., Tel. State 0990—SPRINGFIELD: F. A. Seeman, Representative, 307 Illinois National Bank Bldg., Tel. 7915

Specifically for urinary pathogens

SULAMYD (Sulfacetimide-Schering) enjoys a high therapeutic index in the treatment of urinary tract infections, especially those due to B. coli, an organism responsible for approximately three-quarters of all pyuria. "Almost a specific" for this pathogen, it is also highly bacteriostatic for many other common urinary tract organisms.

SULAMYD is also maximally free from the hazards of renal complications. Crystalluria and hematuria are rare, while concrement formation has never been reported.



SULAMYD

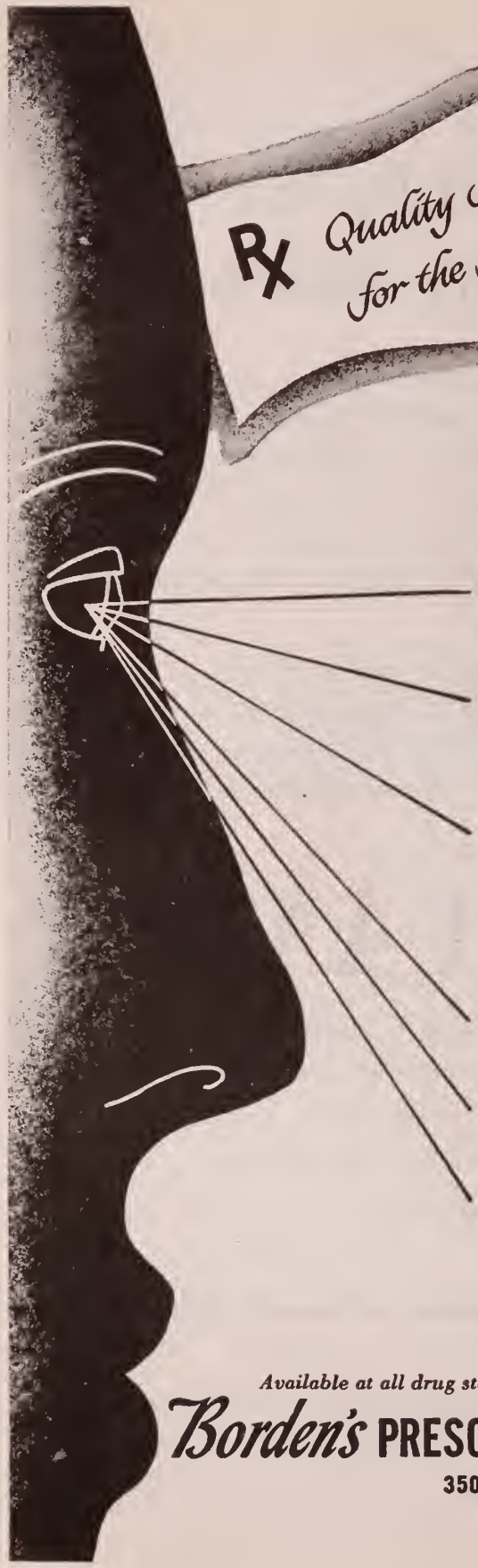
For urinary tract infections a ten day course of SULAMYD is recommended, daily dosage consisting of 4 Gm. in divided doses for three days, 3 Gm. for three days, and then 2 Gm. for four days.

SULAMYD Tablets of 0.5 Gm., in bottles of 100 and 1000.

Trade-Mark SULAMYD—Reg. U. S. Pat. Off.

SCHERING

Schering CORPORATION · BLOOMFIELD, N. J.
In Canada, Schering Corporation Limited, Montreal



℞ *Quality Nutritional Preparations for the Physician's Prescription...*

All prescriptions bearing the recognized name of "Borden" (pioneers in the field of nutrition) conform to the highest standards of biologic requirements, and are subject at all times to the most rigid controls of quality and purity.

for infants



BIOLAC — *a complete food* (when vitamin C only is added) — a contribution to optimum nutrition, because of high-protein, low fat, and added lactose content — reinforced with vitamins A, B_1, B_2 and D, and iron.



DRYCO — the *high protein food*, with intermediate carbohydrate content for formula flexibility, and low fat content — quickly soluble in cold or warm water.

for adults



GERILAC — a *powdered modified milk* for special dietary uses. A rich source of essential nutritive elements for pre- and postoperative cases, convalescence, pregnancy and lactation, soft and liquid diets, and for the aged. Palatable and easily digested; *only water required for dilution.*

for infants and adults



MULL-SOY — for your patients allergic to milk — a hypoallergenic soy concentrate with essential nutritional values of cow's milk; easily digestible, palatable, well-tolerated.



BETA LACTOSE — *milk's natural carbohydrate*, exceptionally palatable, highly soluble — for formula modification for infants, and corrective therapy in constipation in adults.



KLIM* — *spray-dried whole milk with soft curd properties*, invaluable when availability or safety of fresh milk is uncertain — readily soluble in cold or warm water. For infant feeding, and for peptic ulcer and other special adult diets.

**The nutritional statements of this advertisement are acceptable to the Council on Foods and Nutrition of the A.M.A.*

Available at all drug stores — complete information to physicians on request

Borden's PRESCRIPTION PRODUCTS DIVISION

350 MADISON AVENUE • NEW YORK 17, N. Y.

Barbonate



The rapid professional acceptance of Alminate (aluminum dihydroxy aminoacetate) as a gastric antacid, has prompted us to offer physicians a companion product. Barbonate combines in one formula the tested antacid effect of Alminate with the antispasmodic and sedative action of phenobarbital and belladonna alkaloids.

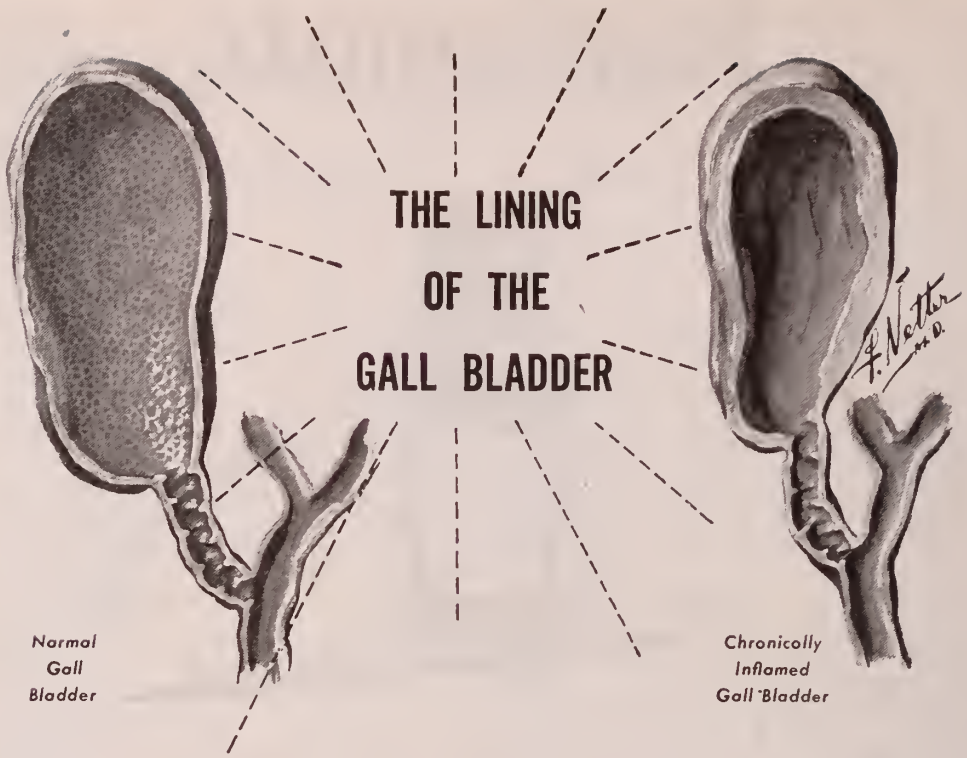
BARBONATE, in bottles of 100 pleasantly flavored tablets, is available for your prescription at your pharmacist's. Send for a sample.

Aluminum dihydroxy aminoacetate (Alminate—Bristol)	0.5 Gm. (7½ gr.)
Phenobarbital, U.S.P.	8.0 Mg. (1/8 gr.)
Belladonna Alkaloids	0.16 Mg. (1/400 gr.)
Oil of Peppermint	q.s.



Bristol

LABORATORIES INC. · SYRACUSE · NEW YORK



The normal gall bladder lining is a soft, delicate mucosal layer characterized by numerous minute pockets over its surface. When inflamed it becomes thickened and coarse to a variable degree. Biliary stasis is believed to be a major factor in inciting a catarrhal inflammation which, with secondary infection, may progress to a more virulent cholecystitis, with or without cholelithiasis.

DEHYDROCHOLIC ACID *ARMOUR* is a powerful hydrocholagogue and choleretic. It induces a copious outflow of thin, watery bile which is low in total solids . . . in effect, a physiologic "flushing-out" of the biliary tract. It is indicated in the medical management of chronic gall-bladder cases with or without stones, provided there is no actual obstruction. It is of value also in functional hepatic insufficiency, in liver poisoning, by drugs or anesthetics, in cirrhosis, and in chronic passive congestion of the liver. It is *contra-indicated* in *obstructive* jaundice.

Supplied in 3¾ grain tablets—bottles of 50, 100, 500. Dosage 1 to 3 tablets t.i.d. with meals. Literature on request.

Dehydrocholic Acid

Have confidence in the preparation you prescribe—specify "ARMOUR"

THE *Armour* LABORATORIES

HEADQUARTERS FOR MEDICINALS OF ANIMAL ORIGIN • CHICAGO 9, ILLINOIS

IN DAYTIME SEDATION



MENOPAUSAL HYSTERIA



HYPERTENSION



OBSTETRICAL HYPNOSIS



PREOPERATIVE APPREHENSION



INSOMNIA



butisol sodium

BRAND OF BUTABARBITAL SODIUM

intermediate sedative

Butisol Sodium produces "a relatively mild and more continuous depression than can be obtained with the shorter-acting barbiturates, yet its action is less prolonged than with barbital or phenobarbital."[1]

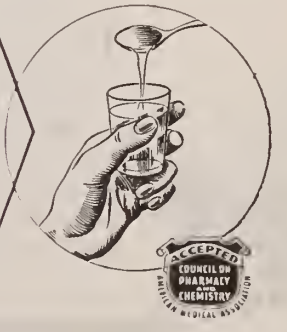
With proper regulation of dosage, there is no cumulative action and a minimum of lethargy and "hang-over."

Sedation is sustained for approximately five to six hours—without sharp peaks of effect—thus providing a most useful sedative-hypnotic in a wide range of clinical indications.

DOSAGE FORMS: Elixir Butisol Sodium, 0.2 Gm. (3 gr.) per fl. oz.—in pints and gallons. Also Capsules, 0.1 Gm. (1½ gr.); Tablets, 15 mg. (¼ gr.) and 50 mg. (¾ gr.) —in bottles of 100, 500, 1000. Caution: Use only as directed.

Elixir **butisol sodium**

Its bright, green color and refreshing flavor appeal to all; excellent prescription vehicle. Clinical samples on request.

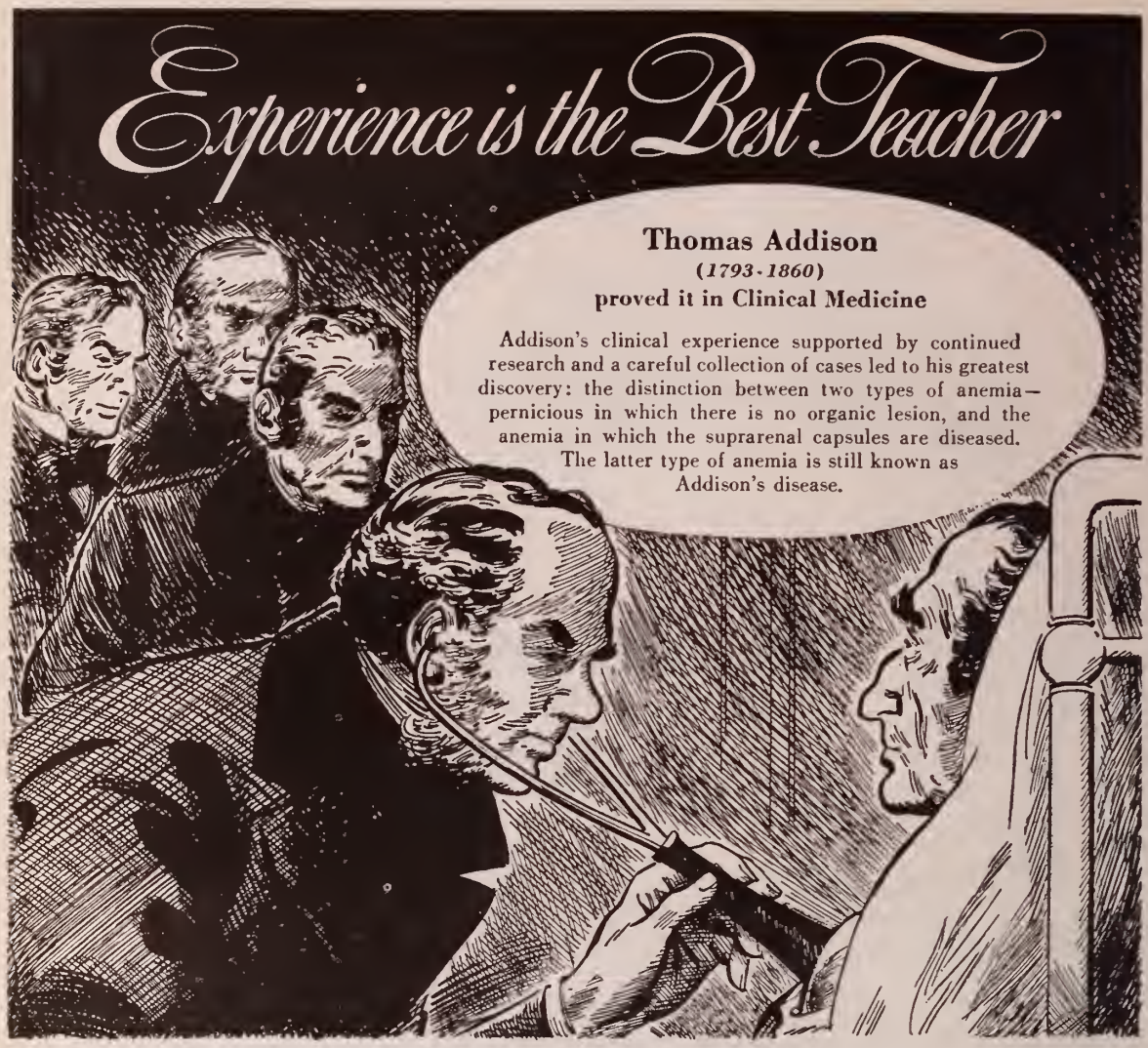


[1] J.A.M.A. *135*:224 (Sept. 27) 1947.

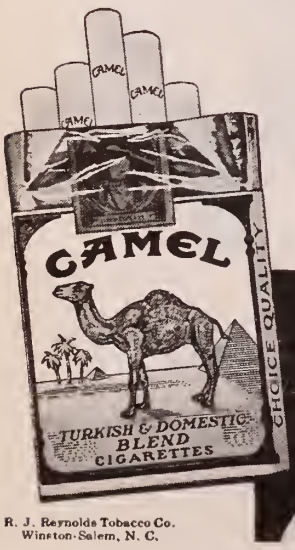
McNEIL

LABORATORIES, INC., PHILADELPHIA 32, PA.

Experience is the Best Teacher



Yes! And experience is the best teacher in smoking, too!



DURING the wartime cigarette shortage, people smoked—and compared—many different brands . . . any brand they could get. That's when so many people learned the big differences in cigarette quality. And, out of that experience, more and more smokers found that Camels suit them best. As a result, ***more people are smoking Camels than ever before!***

Try Camels! Let your "T-Zone"—your taste and throat—tell you why, with millions who have tried and compared, Camels are the "choice of experience."



According to a Nationwide survey:

MORE DOCTORS SMOKE CAMELS

than any other cigarette

Three nationally known independent research organizations asked 113,597 doctors—in every branch of medicine—to name the cigarette they smoked. *More doctors named Camel than any other brand.*

R. J. Reynolds Tobacco Co.
Winston-Salem, N. C.



nlarged tonsils interfere with respiration, cause sphagia, frequent sore throats, offensive breath and ughing. Complete tonsillectomy is only adequate eatment.



Pronounced hyperemia, edema and purulent exudate from tonsillar crypt, appearing as punctate whitish spots on surface of tonsillar mucous membrane.

"SALIVARY ANALGESIA"

FOR RELIEF IN:

. . . acute and chronic tonsillitis

. . . the post-tonsillectomy state

. . . dry, irritated "post-partum" throat

. . . pain following instrumentation of esophagus or larynx

. . . coryza, grippe, non-specific upper-respiratory infections

. . . fever and pain in children

Dillard's Aspergum combines marked local relief of pain with a general analgesic and antipyretic effect. It increases the salivary flow; stimulates activity of muscles of mastication and deglutition; reduces local spasticity and stiffness; thereby hastening convalescence and encouraging an early return to a full diet.

A particularly acceptable antipyretic-analgesic for children.

Ethically promoted. In packages of 16, moisture-proof bottles of 36 and 250.

White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

Dillard's **ASPERGUM**

Salivary Analgesia—Plus

quick-acting . . . safe . . . topical chemotherapy in oropharyngeal infections

The speedy response obtained with White's Sulfathiazole Gum—coupled with the safety factor of its low systemic absorption—account for its wide prescription use in oral, tonsillar and pharyngeal infections.

HIGH LOCAL CONCENTRATION

Prompt and long-sustained in effect; the sulfonamide is maintained in intimate, therapeutically effective concentration throughout entire oropharyngeal area.

NEGLIGIBLE SYSTEMIC ABSORPTION

Even with maximal dosage, blood sulfonamide levels are usually quantitatively immeasurable, virtually obviating likelihood of systemic toxic reactions.

STABLE

Full potency is retained under all conditions.

CLINICALLY ACCEPTED

Established by long and extensive clinical use.

Supplied in packages of 24 tablets, sanitaped, in slip-sleeve prescription boxes. IMPORTANT: Please note that your patient requires your prescription to obtain this product from the pharmacist.

White's SULFATHIAZOLE GUM*

Safe, Topical Chemotherapy

*A Product of White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.



FUSOSPIROCHETAL GINGIVITIS (*Plaut-Vincent's Infection*), *Acute*

Characteristic punched-out lesions appearing on the interdental papillae and marginal gingivae. Slight pressure causes pain and bleeding on these areas. The dirty white pseudomembrane present in most acute cases is illustrated.

FUSOSPIROCHETAL GINGIVITIS (*Plaut-Vincent's Infection*), *Acute, Healed*

This is a healthy mouth. After treatment with Sulfathiazole Gum for 72 hours, the patient presents normal, healthy gingival borders and all evidence of inflammation has receded.





Topical Otologic Chemotherapy of Choice...

Maximum effectiveness is obtained by local stillation of Otomide in affected cases at le three times daily.

. . . in BOTH acute AND chronic infections

Otomide brings about prompt and sustained analgesic-antipruritic effects through the topical action of chlorobutanol. The urea-sulfonamide mixture exerts an anti-bacterial effect definitely greater than that produced by either drug alone. A valuable adjunct to systemic treatment.

Infections contaminated with fungi have been effectively treated with Otomide since sulfanilamide is more fungistatic than other sulfonamides or penicillin.

Topical Otologic Chemotherapy

White's OTOMIDE

A stable solution of 5% Sulfanilamide, 10% Urea (Carbamide), 3% Anhydrous Chlorobutanol in a specially processed glycerin vehicle of unusually high hygroscopic activity.

IN DROPPER BOTTLES OF ½ FLUID OUNCE (15 CC.)

WHITE LABORATORIES, PHARMACEUTICAL MANUFACTURERS, NEWARK, N. J.

one way
to control
a cough
is
to stop
the coughing



Coughing is often the cause of a vicious circle. The first cough irritates the trachea or larynx, and thus excites the nerve endings. Recurrent cough impulses cause further irritation and still more severe coughing.

Inhaled through the MOUTH, the vapor* from Eskay's Oralator—by local action on nerve endings—arrests the cough impulse where it originates. Thus it gives the patient relief, breaks the vicious circle, and hastens recovery.

Your patients will be grateful to you for prescribing this effective, outstandingly convenient oral inhaler.

Smith, Kline & French Laboratories, Philadelphia.

*(*The active ingredient in Eskay's Oralator is the sympathomimetic compound 2-amino-6-methylheptane, S. K. F.)*

A
revolutionary
advance
in the
treatment
of cough

Eskay's Oralator

A few
inhalations
by mouth
control cough
quickly

NEW

LYNORAL ELIXIR

'ROCHE-ORGANON'



The Most Potent *Oral* Estrogen In A Pleasant-Tasting Cordial

Now Available

4-ounce and 1-pint bottles containing in each teaspoonful of elixir 0.03 mg of Lynoral — ethinyl estradiol, the most potent oral estrogen.

Even the hard-to-please menopausal patient will like the delightful taste and aroma and the eye-pleasing appearance of the new Lynoral Elixir. The physician will like its flexibility of dosage; use of Lynoral Elixir permits quick and convenient adjustment of dosage to the requirements of the individual patient. Both physician and patient will appreciate its remarkable freedom from undesirable effects. Lynoral Elixir may be administered to excellent advantage in menopausal complaints, hypo-ovarianism, infantilism, menstrual disturbances amenable to estrogen therapy, and the symptomatic treatment of prostatic cancer. For detailed literature, write to department E.

T.M.—Lynoral—Reg. U. S. Pat. Off.

ROCHE-ORGANON INC.

ROCHE PARK • NUTLEY 10, N. J.

"THE GREAT RELIEF

which attends the shrinkage of swollen turbinates, the re-establishment of the patency of the upper respiratory airway and the opening of blocked ostia of accessory nasal sinuses with the resulting promotion of drainage."*

Neo-Synephrine

BRAND OF SYNEPHRINE

HYDROCHLORIDE

FOR LOCAL VASOCONSTRICTION

PROVIDES rapid, enduring nasal decongestion with minimal compensatory vasodilatation... relative freedom from systemic side effects or local irritation... mildly acid pH, approximating the normal acidity of nasal mucous membranes.

INDICATED for prompt, prolonged relief of the nasal symptoms of acute coryza, allergic and vasomotor rhinitis, acute and chronic sinusitis, etc.

ADMINISTERED by dropper, spray or tampon, using ¼ per cent solution in most cases, 1 per cent when a stronger solution is required, ½ per cent jelly for through-the-day convenience.

SUPPLIED as ¼ per cent and 1 per cent in isotonic saline solutions, ¼ per cent in isotonic solution of three chlorides (Ringer's) with aromatics, bottles of 1 fl. oz.; ½ per cent in water-soluble jelly, applicator tubes of ⅝ oz.

Trial Supply Upon Request

Winthrop-Stearns INC.

NEW YORK 13, N. Y. WINDSOR, ONT.

The businesses formerly conducted by Winthrop Chemical Company, Inc. and Frederick Stearns & Company are now owned by Winthrop-Stearns Inc.

*Goodman, L., and Gilman, A.: The Pharmacological Basis of Therapeutics, New York, The Macmillan Company, 1941, p. 433.

Neo-Synephrine, Trade-Mark Reg. U. S. Pat. Off.



Speed Recovery in

CERVICITIS

PENICILLIN VAGINAL SUPPOSITORIES

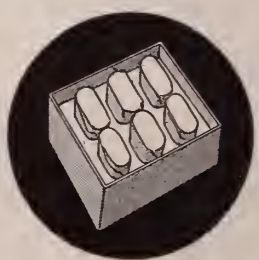
Schenley

Particularly useful in the medical and surgical management of cervicitis due to (or complicated by) penicillin-sensitive organisms.

ADVANTAGES ● Potent dosage at site of infection — each suppository provides 100,000 units of penicillin ● Painless administration ● Simplicity and convenience.

Early favorable response establishes the effectiveness of Penicillin Vaginal Suppositories Schenley.

Suggested Dosage: One suppository on retiring or as required.



Supplied in boxes of 6 and 12

SCHENLEY LABORATORIES, INC.
Executive Offices: 350 Fifth Ave., New York 1, N. Y.

© Schenley Laboratories, Inc.



What does S-M-A® *stand for?*

Physicians who have prescribed S-M-A for over 25 years will answer — "S-M-A . . . ? *Six Major Advantages.*"

These six major advantages are basic. Taken all together, they demonstrate that S-M-A is not just another infant formula . . . it is essentially the same as the ideal infant food, mother's milk.

SIX MAJOR ADVANTAGES

1 **PROTEIN**—equivalent in amount to the protein of breast milk

2 **FAT**—same chemical and physical constants as in breast milk; same amount

3 **CARBOHYDRATE**—Lactose—same as in breast milk: same amount

4 **IRON CONTENT**—greater than in breast milk and always constant

5 **VITAMIN CONTENT**—provides the known nutritional requirements of all vitamins essential to infant growth except for vitamin C, supplied in regular orange or tomato juice feedings

6 **BUFFER ACTION** is low, as in breast milk.

These six major advantages are basic. Taken all together. they demonstrate that S-M-A is not just another infant formula . . . it closely resembles the ideal infant food, mother's milk.



Both S-M-A and Cerol are accepted by the Council on Foods and Nutrition of the American Medical Association.



When they start on cereal . . . Cerol® has all nutritional advantages, plus that delicious papaya fruit flavor.

Wyeth®

WYETH INCORPORATED • PHILADELPHIA 3, PA.



Reduces the hazards of

intensive sulfonamide therapy

50th ANNIVERSARY

By combining sulfadiazine and sulfathiazole in a single preparation, the dangers of crystalluria and its troublesome complications are greatly reduced. Recent studies* have shown that the total urine solubility of two sulfonamides is greater than that of a single sulfonamide, since the presence of one exerts little influence upon the solubility of the other. Consequently, a greater total quantity of concurrently administered sulfadiazine and sulfathiazole can be dissolved in the urine than of either drug alone.

Added renal protection is provided in Aldiazol by the presence of sodium citrate and sodium lactate which alkalinize the urine and further increase sulfonamide solubility.

Rapid absorption of Aldiazol is promoted, since the contained sulfadiazine and sulfathiazole are in microcrystalline form. In consequence, higher blood levels are attained in shorter time than with ordinary sulfonamides.

Aldiazol is indicated whenever sulfonamide therapy is called for. Because of its liquid form, it is especially useful in children, facilitating accurate dosage as well as administration.

Each teaspoonful of Aldiazol contains:

Sulfadiazine (microcrystalline)	0.25 Gm.	Sodium Citrate	0.50 Gm.
Sulfathiazole (microcrystalline)	0.25 Gm.	Sodium Lactate	0.60 Gm.

*Lehr, D.: Proc.Soc.Exper.Biol.& Med. *58*:11 (Jan.) 1945

ALDIAZOL

Microcrystalline Sulfadiazine and Sulfathiazole in an alkalizing vehicle containing Sodium Citrate and Sodium Lactate

The S. E. MASSENGILL COMPANY

Bristol, Tenn.-Va.

SEMCO

NEW YORK • SAN FRANCISCO • KANSAS CITY



OBRON

FOR THE OB PATIENT

all in one capsule

CALCIUM

PHOSPHORUS

IRON

8 VITAMINS

*Dicalcium Phosphate Anhydrous	768 mg.
Ferrous Sulfate, U.S.P.	64.8 mg.
Vitamin A (Fish-Liver Oil)	5,000 U.S.P. Units
Vitamin D (Irradiated Ergosterol)	400 U.S.P. Units
Vitamin B_1 (Thiamine Hydrochloride)	2 mg.
Vitamin B_2 (Riboflavin)	2 mg.
Vitamin B_6 (Pyridoxine Hydrochloride)	0.5 mg.
Vitamin C	37.5 mg.
Nicotinamide	20.0 mg.
Calcium Pantothenate	3.0 mg.

*(Equivalent to 15 gr. Dicalcium Phosphate Dihydrate)

Specifically Designed for the OB Patient

DURING PREGNANCY

OBron—in a single capsule—supplies calcium, phosphorus, iron and 8 vitamins in sufficient amounts to meet the increased needs of both mother and rapidly-growing fetus.

DURING LACTATION

OBron conveniently helps to meet the increased nutritional demands engendered by the accelerated glandular activity and the loss of large amounts of nutrients in the milk.

a **ROERIG** *preparation*

J. B. ROERIG AND COMPANY • 536 Lake Shore Drive • Chicago 11, Illinois

for arterial hyper*TENSION*

RELAXATION
reinforced



Teaching patients how to relax is a primary consideration in the management of arterial hypertension. In many instances this is not a simple task, but it can often be made easier by supplementing common sense instructions with Theominal. This slow-acting vasodilator sedative helps to bring about a gradual reduction of blood pressure and through its gentle sedative effect reinforces relaxation.

DOSAGE: The customary dose of Theominal is 1 tablet two or three times daily; when improvement sets in, the dose may be reduced. Each tablet contains theobromine 5 grains and Luminal ½ grain.

THEOMINAL

SUPPLIED IN BOTTLES OF 25, 100 AND 500 TABLETS

Winthrop-Stearns INC.
NEW YORK 13, N. Y. WINDSOR, ONT.

THEOMINAL and LUMINAL, trademarks reg. U. S. Pat. Off. & Canada

The businesses formerly conducted by Winthrop Chemical Company, Inc. and Frederick Stearns & Company are now owned by Winthrop-Stearns Inc.

NOW.... A Truly Modern Home Cleaning Appliance



LEADING home economists have called Rexair, "The greatest advance in home cleaning methods in more than thirty years."

There is a reason for this enthusiasm. That reason is Rexair's entirely new cleaning principle.

To begin with, Rexair uses neither a bag nor a filter. Bags and filters depend for their operation on *porousness*. They must be porous to let the air escape; and when air escapes, small particles of dust escape with it. You take dust from the floor and actually blow it into the air you breathe.

Bags and filters also clog up, and then cleaning efficiency drops.

Rexair completely does away with bags, filters, screens, or anything else that depends on porousness for its operation. Instead Rexair—*and only Rexair*—uses a bath of pure water to catch and hold dust and dirt.

Wet dust cannot fly. A water bath cannot clog up. Learn more about Rexair today!



SEND FOR THIS FREE BOOK

The complete story of Rexair, told in colorful pictures and text. Shows how Rexair performs all home cleaning tasks and gives vitalizing freshness to the air you breathe.

REXAIR DIVISION, MARTIN-PARRY CORP.

Box 964, Toledo, Ohio, Dept. O-12

Send me_____copies of your free booklet, "Rexair—The Modern Home Appliance Designed to Hospital Standards," for my own use and for my patients.

NAME_____

ADDRESS_____

CITY_____ ZONE_____ STATE_____

Rexair

ADVERTISED IN AMERICAN MEDICAL ASSOCIATION PUBLICATIONS



Pyribenzamine

High-concentration Elixir Pyribenzamine hydrochloride now provides a second administration form of this proved antihistaminic. Containing 20 mg. of Pyribenzamine hydrochloride per 4 cc. (teaspoonful), the Elixir has obvious advantages in special cases, notably in infants and children, and in adults who prefer liquid medication.

Scored tablets of Pyribenzamine also facilitate small dosage when indicated—the 50 mg. tablets are easily broken to provide 25 mg. doses.

Council Accepted. PYRIBENZAMINE hydrochloride ® (brand of tripelennamine hydrochloride)

CIBA PHARMACEUTICAL PRODUCTS, INC., SUMMIT, N. J.

Table of Contents

DECEMBER, 1947
VOL. 92, NO. 6

INDEX TO VOLUME 92 363
ORIGINAL ARTICLES
Surgical Treatment for Carcinoma of the Esophagus, *Philip Thorek, M.D., F.A.C.S.*, Chicago 329
Early Ambulation in the Surgical Patient, *Arkell M. Vaughn, M.D., Anthony C. Guzauskas, M.D.*, and *Francis A. Lagorio, Jr., M.D.*, Chicago ... 337
Mental Aspects of Growth and Health, *Bert I. Beverly, M.D.*, Chicago 341
The Diagnosis of Pulmonary Tuberculosis, *George H. Vernon, M.D.*, Springfield 344
Observations of Fracture Treatment, *Harold A. Sofield, M.D.*, Chicago 346
Indications for Lumbar Sympathectomy, *Geza De Takats, M.D., M.S., F.A.C.S.*, Chicago 349
Ambulatory Electric Shock Therapy in an Out-Patient Clinic, *H. Roy Johnson, M.D.*, Chicago 351
EDITORIALS
The ABC of the Nursing Shortage 313
Conference of State Medical Society Secretaries and Editors 315
American Medical Association Directory 316
New Illinois Members International College of Surgeons 316
Book Reviews 52
MEDICAL ECONOMICS
The Selection of Medical Students 319
STATE DEPARTMENT OF PUBLIC HEALTH
A Year of Progress, *Roland R. Cross, M.D.* 321
CORRESPONDENCE
Chicago Medical Society Fourth Annual Clinical Conference 325
New Post-Graduate Course in Ear, Nose and Throat 325
National Gastroenterological Association 1948 Award Contest 325
Applicants Sought for Commissions in Naval Medical Service Corps 326
Higher Grades Authorized to Fill Illinois National Guard Medical Vacancies 326
Medical Educational Services for Handicapped Children 327
Announcement of Scientific Exhibits for 1948 .. 327
Eighth Annual Congress of Industrial Health . 328
Notice of Liquidation of the Midwestern Agricultural Workers' Health Association, Inc. 328
PHYSICAL MEDICINE ABSTRACTS 46
NEWS OF THE STATE
Coming Meetings, Personals, Marriages, Deaths . 354

RADIUM • RADON

35 Years' Service to the Cancer Therapist

•

Modern Laboratories and Equipment; Experienced Technical Staff; Orders Accurately and Promptly Executed.

•

RADIUM & RADON CORP.
Telephone Ran. 8855 • 25 E. Washington St.
CHICAGO 2, ILL.
9 to 5 Mon. through Fri. • Sat. 9 to 12

COOPER CREME

The Original Spermicidal Creme

No Finer Name in Contraceptives. .

ACCEPTED AMERICAN MEDICAL ASSN.

Active ingredients:
Trioxymethylene 0.04% Sodium Oleate 0.67%

Prescribed For Over A Decade

WHITTAKER LABORATORIES, INC.
PEEKSKILL, NEW YORK

How

you can obtain

desired serum levels

of sulfadiazine

in 2 hours instead of 6

It has been established that 'Eskadiazine'—an aqueous suspension of Micraform* sulfadiazine for oral use—is absorbed 3 to 5 times more quickly than sulfadiazine in tablet form. This more rapid action is obviously highly desirable.

Exceptionally palatable and pleasing in consistency, Eskadiazine is willingly accepted by all types of patients—especially the young and the very young. Won't you prescribe Eskadiazine in your next suitable case?

Eskadiazine* *the*

outstandingly palatable

fluid sulfadiazine

for oral use

Smith, Kline & French Laboratories, Philadelphia

*T.M. REG. U.S. PAT. OFF.



FOR PROMPT, PROLONGED, PROFOUND ANESTHESIA



METYCAINE (Gamma-[2-methyl-piperidino]-propyl Benzoate Hydrochloride, Lilly) is a local anesthetic agent useful in the various fields of medicine, surgery, and dentistry. It is effective for spinal, regional, infiltrational, and topical anesthesia. 'Metycaine' has a quicker onset and longer duration of action, greater uniformity of effect, and higher potency than procaine, without increased toxicity. 'Metycaine' products, adaptable for all uses, are available through your regular source of medical supplies.

ELI LILLY AND COMPANY

INDIANAPOLIS 6, INDIANA, U. S. A.



Color Photograph by Karl Oeser

One of Sixteen Thousand

EVERY DAY in the United States alone, physicians examine sixteen thousand applicants for life insurance. Before the time of scientific medical examinations, the risk involved in life insurance was a vague uncertainty. Now, life insurance, thanks to a sound medical foundation, is recognized as one of the most important economic and social influences of our time.

The history of life insurance in some respects resembles that of medical research. Investigators who worked in a meagerly equipped laboratory have been largely supplanted by superbly staffed and equipped laboratories. Organized, self-endowed research, such as that of the Lilly Research Laboratories, makes sound contributions to medical practice.

December, 1947

VOL. 92, NO. 6

The Illinois Medical Journal

Official Journal of the Illinois State Medical Society

EDITOR — Harold M. Camp. EDITORIAL BOARD — James H. Hutton, Chairman, Frederick H. Falls, Josiah J. Moore, Edwin M. Miller, Chauncey C. Maher, Harry S. Gradle, Harry Culver, Walter Stevenson, Raymond W. McNealy.

Editorials

THE ABC OF THE NURSING SHORTAGE

As far as physicians are concerned, the situation with regard to the shortage of nurses is as simple as this:

A. No practicing physician can give as much or as good service to his patients as he would like to give without the sufficient and efficient help of nurses.

B. There are not enough nurses now and the shortage promises to become more acute over the next few years.

C. Therefore, any practicing physician, and those as well who are not in active practice but who have the interests of patient and profession at heart, should devote all available time and opportunity to relieving the shortage.

Certainly no physician in Illinois will deny the force of that reasoning, or will refuse to co-operate with the committee named recently by Dr. Edward L. Bortz of Philadelphia, Pa., president of the American Medical Association, to study the nursing shortage and recommend a method of solution. That agency, known as the Committee on Nursing Problems, headed by Dr. Thomas P. Murdock of Meriden, Conn., chairman of the council of the Connecticut State Medical Society, has asked editors of all professional journals to echo the alarm now sounding throughout the country.

The following paragraphs offer some brief thinking on the subject and, what is most important, outline the physician's role in the solution.

WHY A SHORTAGE?

There are many reasons for the current lack of enough nurses to care for our sick. Thousands have been taken by the Army, the Navy, the United States Public Health Service, the Veterans' Administration, or by local public health services. Many more have decided in favor of marriage and still others have left for other lines of work. But, when it is all boiled down, it amounts to saying simply that *nursing as a profession has failed to recruit enough new students.*

There are many reasons for that, too. Many schools, especially rural, have been closed because of the demand for specialization. Four years of high school and three years' training are required to make a good nurse, in contrast to the two years high school and six months or so of business training which make a mediocre stenographer. Many young girls — or their families for them — are reluctant to face the unattractive phases of the nurse's duties and responsibility. And there is always the singularly important fact that the mediocre stenographer soon earns more for an easy 40 hours than the best nurse with her long difficult tour of duty. But, again boiled down, it amounts to the fact that *nursing as a career has not been made attractive enough to overcome these obstacles* as they are sure to be pointed out to the intending student.

THE SOLUTION

The solution is obvious: Make nursing overwhelmingly attractive and thus recruit more students.

How shall that be done?

The American Nurses' Association, Inc., representing 155,000 nurses, has outlined three essential steps to accomplish the purpose — the second ABC of the nursing shortage:

A. *Give nurses economic security.*

Nurses' wages are too low. The United States Department of Labor in October, 1946, found that nurses' salaries amount to $170 to $175 a month. One in every four get less than $145. Most of them work at least 48 hours a week and many work 54.

B. *Give registered nurses by legislation the highest possible standards of licensure* to protect them from the competition of half-trained "practical" nurses and to prevent their exploitation by hospitals.

Though, in view of the shortage, it would be harmful to bar "practical" nurses now, suitable licensing requirements would control abuses and lay a foundation for adequate supervision later.

C. Support the American Nurses' Association's counseling and placement service.

That is a free service designed to promote a more equitable distribution of nurses to all sections of the country.

The program is simple enough; it is stated forthrightly and frankly.

As the American Nurses' Association points out, the critical situation facing Illinois like every other state is one that requires the cooperation of many agencies — schools, hospitals, government and public health officials, social welfare and other groups, as well as the physi-

ILLINOIS STATE MEDICAL SOCIETY

GENERAL OFFICERS, 1947-1948

PRESIDENT.....Irving H. Neece, Decatur
PRESIDENT-ELECT.....Percy E. Hopkins, Chicago
1ST VICE-PRESIDENT....H. Kenneth Scatliff, Chicago
2ND VICE-PRESIDENT.....Walter E. Kittler, Rochelle
SECRETARY-TREASURER....Harold M. Camp, Monmouth

THE COUNCIL

L. J. Hughes.....1st District, Elgin.....1950
H. L. Pettitt.....2nd District, Morrison.....1950
Darwin B. Pond....3rd District, Chicago.....1950
Harry M. Hedge....3rd District, Chicago.....1949
Oscar Hawkinson....3rd District, Oak Park....1948
Wade C. Harker....3rd District, Chicago.....1950
Leo P. A. Sweeney..3rd District, Chicago.....1948
H. Prather Saunders.3rd District, Chicago.....1949
Charles P. Blair....4th District, Monmouth....1949
Ralph P. Peairs....5th District, Normal.....1949
Walter Stevenson....6th District, Quincy.....1948
Charles H. Hulick..7th District, Shelbyville ...1949
Harlan English.....8th District, Danville.....1949
Charles O. Lane 9th District, W. Frankfort.1948
G. C. Otrich.....10th District, Belleville.....1948
Edwin S. Hamilton.11th District, Kankakee.....1950

Everett P. Coleman,
Councilor at large Canton 1949
Robert S. Berghoff,
Councilor at large Chicago 1950
Chairman of the Council Walter Stevenson

ILLINOIS MEDICAL JOURNAL

Harold M. Camp, Monmouth.....Editor
L. E. Malley, Chicago....Managing Editor & Business Mgr.
Harry M. Hedge, Chicago....Chairman, Journal Committee
Harry J. Stewart, Oak Park....Secretary, Journal Committee
Business Office....30 North Michigan Ave., Chicago 2
Editorial Office.....Monmouth, Illinois

GENERAL COUNSEL

Edward W. Rawlins.....77 West Washington St., Chicago

MEDICAL SERVICE & PUBLIC RELATIONS

James H. Hutton, Chairman..30 No. Michigan Ave., Chicago
Mr. John W. Neal, Exec. Sec...30 N. Michigan Ave., Chicago
Mr. J. C. Leary, Pub. Rela. Coun...231 S. LaSalle St., Chi.

PERMANENT HISTORIAN

David J. Davis.....721 Elmwood Ave., Wilmette

MEDICO-LEGAL COMMITTEE

Oscar Hawkinson, Chairman.....1011 Lake St., Oak Park

PERMANENT COMMITTEE ON ARCHIVES

D. D. Monroe, Chairman.....Alton
C. Ellsworth Black, Secretary.....Jacksonville
E. H. Weld.....Rockford
Ex-officio:
David J. Davis, Perm. Historian.721 Elmwood Ave., Wilmette

EDUCATIONAL COMMITTEE

Charles P. Blair, Chairman.....Monmouth
Warren W. Furey, Vice-Chm.....104 S. Michigan, Chicago
Ann Fox, Secretary.....30 N. Michigan Ave., Chicago

SCIENTIFIC SERVICE COMMITTEE

Robert S. Berghoff, Chairman.30 N. Michigan Ave., Chicago
Leo. P. A. Sweeney, Vice-Chm...9715 Winston Ave., Chicago

POST GRADUATE COMMITTEE

Robert S. Berghoff, Chairman.30 N. Michigan Ave., Chicago
Geo. A. Hellmuth, Vice-Chm.....1180 E. 63rd St., Chicago

Outside of editorial or allied views or statements that are the authoritative actions of the Illinois State Medical Society, the organization denies responsibility for opinions and statements published in the ILLINOIS MEDICAL JOURNAL. Views expressed by the various authors and views set forth in various departments in the JOURNAL represent the views of the writers.

State Society will pay no bills for legal services except those contracted by the Committee. Notify the Chairman at once. Do not employ attorneys.

Send advertising copy, and all communications relating to advertising to ILLINOIS MEDICAL JOURNAL, 30 N. Michigan Avenue, Chicago.

Original articles and membership correspondence to Dr. Harold M. Camp, Monmouth, Ill.

Society proceedings and news items and changes in the mailing list to Managing Editor, 30 N. Michigan Ave., Chicago 2, Illinois.

Subscription price of this JOURNAL to persons not members of the Illinois State Medical Society is $3.00 per year, in advance, postage prepaid, for the United States, Cuba, Porto Rico, Philippine Islands, Hawaiian Islands and Mexico. $4.00 per year for all foreign countries included in the postal union. Canada, $3.50. Single current copies, 50 cents. By mail, 60 cents.

cian. But the physician, carrying the ultimate responsibility for his patients, in or out of hospitals, is most concerned and should be most co-operative in helping find the solution. If every doctor will throw all his influence into the campaign to improve the attractiveness of the nursing career, he can then assist to his full ability and with a clear conscience in helping to recruit every available potential student.

It is impossible to over emphasize the need for active recruiting. Only 30,899 students were admitted during 1946, while during the previous year there were 56,567 admissions, and even in 1938 there were 39,000. In 1945 there were 130,909 women enrolled in hospital training schools, while in 1946 this number was reduced to 112,885.

The American Nurses' Association has suggested that each governor call a conference to discuss activities that may be undertaken locally to stimulate recruiting; certainly regional conferences within each state would be helpful. But again the individual doctor must bear a full share of the effort.

It should also be pointed out that one of the most effective functions of a health council — formation of which in all areas has been strongly urged by the Illinois State Medical Society — should be the recruiting of student nurses. Perhaps little can be done immediately to relieve the shortage beyond calling back to service those who have left for marriage or other careers, but an adequate number of new students is the only permanent hope for the future.

CONFERENCE OF STATE MEDICAL SOCIETY SECRETARIES AND EDITORS

The Annual Conference of State Medical Association Secretaries and Editors was held at the American Medical Association Building, Chicago, on November 7 and 8, 1947. As has been the case over a period of years, there was an excellent representation from nearly every state and territorial constituent society.

The first half day session was devoted to discussions of effective technics in preparing and displaying exhibits for lay groups and arranging scientific programs, survey of group practice and the role of the physician in school health programs. Following these presentations, ample time was available for a question and answer period which was used to good advantage and, as is usually the case, this part of the program was well received.

In the afternoon a panel discussion on the progress of prepayment medical care plans was scheduled, with four speakers on the following subjects: (1) Medical Society Plans (2) Cooperatives (3) Associated Medical Care Plans Inc. (4) Private Insurance Plans. Following these presentations, there was an interesting half hour general discussion period, in which many questions were asked, most of which were of a controversial nature.

One of the most interesting features of the program was the round table discussions, with five basic subjects carefully selected, and the entire group permitted to choose the subject of greater interest. Unfortunately only one hour and fifteen minutes was devoted to the round table discussions. More time should have been available so that everyone in attendance could have had an opportunity to give his individual views on the subjects.

The five subjects selected for the round table discussions were (1) Public Relations (2) Relations with Labor (3) Federal and State Legislation (4) Rural Medicine (5) Planning and Conducting State Medical Conventions. A moderator and two leaders of discussion had been selected for each of the round table presentations, which added to the interest. Unfortunately, however, with the selection of five highly important subjects it was not possible to get the ideas and suggestions of many who were present and would have been willing to give their own ideas if the opportunity had been available.

The large group divided up again for the evening session, with dinner meeting and program for the secretaries in one room and the editors in another. The subject for the secretaries forum was "How Can the Activities of the American Medical Association and State Medical Societies be Better Coordinated?" With a moderator and four speakers this was an unusually interesting meeting.

A State Medical Journal Clinic was the subject for discussion at the editor's dinner, with a moderator and four speakers scheduled to discuss format and topography, literary aspects, editorials and scientific material in the four state society journals which were selected for the clinic.

In each of these meetings, ample time was arranged for discussion, and many questions were asked and the answers given by the speakers.

Reports of round table discussions were presented the next day by each of the moderators who endeavored to give the entire group the trends of the deliberations and discussions which developed during the individual round table sessions. These reports were all well presented and well received by the group as a whole.

The last speaker on the program was Louis H. Bauer, Member of the Board of Trustees of the American Medical Association, who talked on The World Medical Association. Doctor Bauer is a member of the committee from the A.M.A. to attend the conferences in Europe, was thoroughly familiar with the subject and gave in detail the plans for this World Medical Association. It is quite obvious that we shall all hear more about the organization in the near future.

The American Medical Association is to be commended for the annual Conference of State Society Secretaries and Editors, which is invariably of much value to the large group present each year. Mr. Theodore Wiprud, Secretary of the Medical Society of the District of Columbia, was selected as Chairman for the session, and filled this office in a highly satisfactory manner. The program for the Conference each year is arranged months in advance. This naturally insures a better program, and each secretary and editor is asked to submit his own suggestions relative to speakers he would like to have on the program, as well as subjects which he individually believes should be presented.

AMERICAN MEDICAL ASSOCIATION DIRECTORY

For many years the American Medical Association has been publishing the Directory every two years. The last Directory was published in 1942, and since that time it has been impossible to publish a new edition on account of war restrictions, shortage of paper and labor. It is planned to publish the new directory in 1948, and it is hoped that it will be possible to continue publishing it at the usual interval thereafter.

During the month of November every physician in the United States received a directory card requesting information to be used in compiling the new directory. Every physician should fill in the requested information, and return their card promptly to the A.M.A. in order that there will be no unnecessary delay in the publication of the directory.

The A.M.A. directory is replete with essential information desired by medical societies, allied professional groups, insurance companies, pharmaceutical supply houses, and many other organizations and groups desiring information concerning the physicians of the United States and Canada. Physicians submitting this information on the directory card are not in any way obligated to purchase the directory when it is available for distribution, although many members of the medical profession will undoubtedly want it in their office and will use it frequently when they want accurate information concerning physicians, hospitals, medical schools, medical societies and their respective activities.

Every physician who fails to receive a directory card from the A.M.A. should by all means write the Directory Department of the American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois and ask for a duplicate card so they will be able to submit the information which is essential to insure proper listings in the directory.

This directory is outstanding in its field, and gives more information than any other similar publication ever published in this country. Do not fail to return your directory card, or if you failed to receive one, write promptly to the Directory Department and ask for a duplicate card, then give the desired information and return it without unnecessary delay.

NEW ILLINOIS MEMBERS INTERNATIONAL COLLEGE OF SURGEONS

At the Twelfth Assembly and Convocation of the United States Chapter, International College of Surgeons, held in Chicago at the Medinah Temple on October 3, the following named doctors from Illinois were among the 810 surgeons inducted into the College:

FELLOWS:

William A. Hendricks, M.D.	Chicago
John G. Hillebrand, M.D.	Chicago
Frank C. Hofrichter, M.D.	Chicago
Maurice B. Jacobs, M.D.	Chicago
William Johnson, M.D.	Galesburg
Aaron E. Kanter, M.D.	Chicago

Hampar Kelikian, M.D. Chicago
Norman G. Parry, M.D. Chicago
Richard A. Perritt, M.D. Chicago
Hans L. Popper, M.D. Chicago
Paul D. Reinertsen, M.D. Canton
Peter A. Rosi, M.D. Chicago
Joseph A. Shaeter, M.D. Chicago
Herman A. Strauss, M.D. Chicago
Siegfried F. Strauss, M.D. Chicago
Clifford P. Sullivan, M.D. Chicago
William B. Sullivan, M. D. Chicago
Henri H. Weathers, M.D. East St. Louis
Edward H. Warzewski, M.D. Chicago
James C. Carey, M.D. Joliet
Max Charles Ehrlich, M.D. Chicago
Morris T. Friedell, M.D. Chicago
Louis D. Moorhead, M.D. Chicago
Leo M. Morse, M.D. Chicago
Charles N. Pease, M.D. Chicago
Dorrin F. Rudnick, M.D. Chicago
Max S. Sadove, M.D. Chicago
Louis Savitt, M.D. Chicago
Philip J. Stein, M.D. Chicago
Matthew E. Uznanski, M.D. Chicago
Arnold Schimberg, M.D. Chicago
John Cullen Woodell, M.D. Chicago
Helen Louise Button, M.D. Chicago
William Bernard Campbell, M.D. Chicago
Claire Eugene Carr, M.D. Chicago
Everett P. Coleman, M.D. Canton
Arthur E. Dale, M.D. Danville
August Fioro Daro, M.D. Chicago
Andrew A. Dick, M.D. Chicago
Joseph Welfeld, M.D. Chicago
Henry O. Wernicke, M.D. Chicago
George L. Apfelbach, M.D. Chicago
Alfons R. Bacon, M.D. Chicago
James J. Callahan, M.D. Chicago
James T. Case, M.D. Chicago
Maurice H. Cottle, M.D. Chicago
Frank F. Fraider, M.D. Chicago
Raymond Green M.D. Chicago
Chester Chappell Guy, M.D. Chicago
Charles M. Hausman, M.D. Chicago
Robert J. Hawkins, M.D. Chicago
Alexander J. Javois, M.D. Chicago
Frank J. Jirka, M.D. Chicago
John L. Keeley, M.D. Chicago
Raymond J. Kennedy, M.D. Joliet
Donald D. Kozoll, M.D. Evanston
Adolph Kraft, M.D. Chicago
Tadeusz Maryan Larkowski, M.D. Chicago
Abraham F. Lash, M.D. Chicago
Earl O. Latimer, M.D. Chicago
Manuel E. Lichtenstein, M.D. Chicago
Charles H. McKenna, M.D. Chicago
William M. McMillan, M.D. Chicago
Harry A. Oberhelman, M.D. Chicago
John B. O'Donoghue, M.D. Chicago
Louis Philip River, M.D. Oak Park
Anthony S. Sampolinski, M.D. Chicago
Carlo S. Scuderi, M.D. Chicago
Linden Seed, M.D. Chicago
Harry Sered, M.D. Chicago
Ralph C. Sullivan, M.D. Oak Park
Arkell M. Vaughn, M.D. Chicago
Walter M. Eisin, M.D. Chicago
Samuel L. Governale, M.D. Chicago
Walter J. Reich, M.D. Chicago
Irving J. Speigel, M.D. Chicago
Howard Parks Sloan, M.D. Bloomington
Joseph E. Bellas, M.D. Peoria

ASSOCIATES:

Max Bernauer, M.D. Chicago
Charles E. Boylan, M.D. Chicago
Joseph P. Cascino, M.D. Chicago
Harold Cohen, M.D. Chicago
Matthew E. Creighton, M.D. Chicago
Peter J. Dorette, M.D. Cicero
Ethelbert A. Lutton, M.D. Chicago
Everett E. Nicholas, M.D. Oak Park
Joseph A. Patka, M. D. Chicago
Charles A. Ross, M.D. Galesburg
Joseph Silverstein, M.D. Chicago
Stephen F. Witt, M.D. Chicago
David A. Bennett, M.D. Canton
Adolph Martin Brown, M.D. Chicago
Jack B. Deutsch, M.D. Chicago
Harry J. Fournier, M.D. Chicago
Ernest Hessl, M.D. Brookfield
William F. Jakopich, M.D. Chicago
Calvert H. Lane, M.D. Chicago
Grant W. Lee, M.D. Peoria
Henry G. Lescher, M.D. Chicago
Theodore L. Lescher, M.D. Chicago
Richard F. Murphy, M.D. Chicago
Harry Michael Peterson, M.D. Chicago
Edmund A. Proby, M.D. Chicago
Arnold Schimberg, M.D. Chicago
Edward J. Swastek, M.D. Chicago
Joseph J. Tovarek, M.D. Chicago
George E. DeTrana, M.D. Chicago
Milan Michael Wasick, M.D. Chicago
Perry H. Wessel, M.D. Moline
Francis W. Young, M.D. Chicago
Frank Robert Derengoski, M.D. Chicago
Anthony M. Barone, M.D. Chicago
Ray Wilson Doud, M.D. Normal
Jerry Ernest Fleischner, M.D. Chicago
Mace Gazda, M.D. Chicago
Jacob A. Glassman, M.D. Chicago
Luther N. Lorance, M.D. Chicago
Felix A. Mackowiak, M.D. Chicago
Lorne W. Mason, M.D. Evanston
Raymond J. Murphy, M.D. Chicago
Joseph Michael Anthony Pape, M.D. Chicago
Fred Michael Sheehan, M.D. Chicago
Edwin S. Sinaiko, M.D. Chicago
Durand Smith, M.D. Chicago

Donald G. Sullivan, M.D. Chicago
Charles J. Weigel, M.D. River Forest
Sol Milton Wolffson, M.D. Oak Park

AFFILIATES:

Robert W. Elworthy, M.D. Elmhurst
Frank Karl Fleischli, M.D. Springfield
Henry E. Irace, M.D. Chicago
Nelson C. Jefferson, M.D. Chicago
Thaddeus M. Klabacha, M.D. Chicago
Frank Philip Kraft, M.D. Chicago
Robert T. LeSage, M.D. Dixon
Clement J. Michet, M.D. Chicago
Albert R. Rosanova, M.D. Chicago
Vincent F. Torczynski, M.D. Chicago
Fred A. Vincenti, M.D. Blue Island
William Wolf, M.D. Chicago
Richard T. Calosio, M.D. Joliet
Frank C. Lawler, M.D. Chicago
Joseph M. Leverson, M.D. Chicago
Arthur F. Romanski, M.D. Chicago
Joseph P. Cangelosi, M.D. Chicago
Kyle Chester Hawkins, M.D. Chicago
Ray Milton Langdon, M.D. Chicago
Simon V. Markiewicz, M.D. Chicago
Angelo Louis Vincenti, M.D. Chicago

MATRICULATES:

Irving Freiler Stein, Jr., M.D. Chicago
Rosario Charles Drago, M.D. Chicago
Arpad Widder, M.D. Chicago

MORE OPERATIONS FOR STOMACH CANCER EACH YEAR; FEWER MORTALITIES

Over a ten-year period the percentage of operable cases of cancer of the stomach, which ranks second only to cardiovascular disease as the commonest cause of death in the United States, has steadily risen. During the same period the percentage of cases in which surgeons recommended gastric resection — involving the removal of part or all of the stomach — has also increased. At the same time, the mortality rates for operation have dropped remarkably.

These facts are revealed in the October 4 issue of *The Journal of the American Medical Association,* in which David State, M.D., George Moore, M.D., and Owen H. Wangensteen, M.D., all members of the Department of Surgery of the University of Minnesota Medical School, report a ten-year survey of the results of surgical treatment of gastric cancer at the University of Minnesota Hospitals.

However, the three doctors also report a decrease in the percentage of operations which actually cured the disease, due to the ever-increasing number of resections undertaken for temporary relief after the hope of lasting cure was gone. "The only way in which the end results may be improved is by earlier diagnosis," say the writers.

The total number of patients included in this survey was 586, and the average age was 63.2 years. (Nineteen patients were in the last stages of their disease when first seen.) The number of patients operated on was 447. A partial gastric resection was performed in 276, a total gastric resection in 31. A summary of the results shows that:

—In 1936 the operability and resectibility rates were 57 per cent and 28 per cent, whereas in 1945 these rates were, respectively, 88 and 80 per cent. The resectability rate for 1945, based on the number of pateints explored, was 89.7 per cent.

—The mortality rate for partial gastric resection in 1936 was 25 per cent, while in 1945 it was 4.9 per cent — a figure which includes both total and subtotal gastrectomy.

—The over-all mortality rate for partial resections was 15.2 per cent, for total gastric resections 30 per cent. Of those who survived resection and whose resections took place long enough ago to be included, 29.4 per cent survived three years or more, 21.5 per cent five years or more.

Medical Economics

The Medical Economics Committee — Chauncey C. Maher, Chmn., 6 North Michigan Avenue, Chicago, Edwin S. Hamilton, V. Thomas Austin, Emmet B. Bay, Jay McDonald Milligan, George Halperin, Marie Wessels, Thomas C. Browning, Roland R. Cross, Milton E. Bitter, Edwin F Hirsch, Ford Hick.

THE SELECTION OF MEDICAL STUDENTS

The proper selection of young men and women for the medical schools of the country is a difficult and important part of the work of the medical faculties. It is important for several reasons. The public must be protected against medical graduates of inferior character or intelligence. Since it costs several times the high tuition medical students pay to educate them, it is worthwhile to attempt to pick only those who are likely to survive. Furthermore, the general level of instruction can be higher and the work of the teacher more interesting and inspired if the average of scholastic competence in the student body is high.

The proper selection of prospective medical students is difficult for several reasons. There are from two to three times as many applicants the country over as there are places available in the schools. Because of multiple applications, there are from five to twenty times as many applicants as there are places in a given school. The work of the admissions committee is therefore a major task. The evaluation of scholastic ability is comparatively easy at the very top and in the bottom half of the applications, but there is a large group of pre-medical students whose records are above average, but not at the very top, in first-rate schools or whose records are at the very top in colleges not so favorably known for their general level of attainment. The latter constitute the most difficult problem facing the committee from the point of view of fairness in evaluating scholastic ability. Some of the aptitude tests now available are of some assistance in this respect in that men from these lesser known schools whose aptitude ratings are high have usually proved to be successful candidates for the medical degree. Contrariwise, if their aptitude ratings are in the lowest quarter, they have usually proved to be bad bets no matter what their scholastic average was. Again, it is the large middle group in aptitude rating which presents a serious problem to the conscientious member of the admissions committee.

If we had a yardstick for character and personality qualities of the applicants, many mistakes which are now admittedly made in selection could be avoided. Again, there is usually a limited number of applicants well known to one or more members of the selection group who can be quickly and fairly judged. For the bulk of applicants, however, some other means must be found to attempt to judge these features. Various devices, such as personal interviews, letters from former teachers, or the family physician have been tried and have been of help. In this connection, the plea should be made to physicians who are asked to recommend students to medical schools to attempt to evaluate the applicant conscientiously. This information is always kept confidential by the school and is of great help in the choice of the student body when the committee has confidence in the recommendation, whether good or bad.

The motivation of the prospective student is also very difficult to arrive at. There are some students who frankly say that they are interested in the study of medicine for financial reasons. This is not always bad, but it is to be looked upon with suspicion unless qualified by a statement to

the effect that the applicant merely desires a comfortable living. In general, sons and daughters of doctors are given preference in medical schools, but here again if the father has supplied what little motivation there is by insistence on his offspring studying medicine, the result is likely to be bad.

The selection of medical students is of great importance to the students themselves, the public, and the schools. It is extremely difficult to pick students wisely except at the very top of each class. Efforts to improve the aptitude tests so that their correlation with achievement in medical school will be higher are constantly being made. Physicians interested in preserving the high standing of the profession should be conscientious in their recommendations of candidates to the schools.

E.B.B.

IN PROSPERITY DOCTOR GETS SMALLER PART OF AVERAGE MAN'S DOLLAR

The proportion of national income spent for medical services actually has declined since 1940, according to a study made by Frank G. Dickinson, Ph.D., Director of the Bureau of Medical Economic Research of the American Medical Association. That this has happened in spite of the climbing cost of medical care and increased demand for medical services is emphasized in an editorial in the September 27 issue of *The Journal of the American Medical Association.*

The editorial states:

"Costs of medical care as a whole tend to move countercyclically; in a depression such costs comprise a larger share of total consumer expenditures and national income than they do in prosperous times. In a period such as the present, the trend is toward more furious inflation and lower relative expenditures for medical care. This is borne out by Dr. Dickinson's figures — medical care took 4.4 per cent of total consumer expenditures in 1932 and 1933, then the share trended downward to 3.9 per cent in 1946. Necessities always loom more important in depression; luxuries, in prosperity. But all evidence indicates that, case for case, medical care costs more each year — particularly where hospital care is concerned. Thus the decline in relative importance of medical care expenditures has occurred in spite of climbing costs of specific treatments, and an over-all increase in demand for medical services arising from the aging population, the high birth rate and popular education in health which lessens fear of hospitals.

"The declining percentage of income expended for medical care is paralleled by increasing proportions spent on alcoholic beverages, recreation, personal care and jewelry; these items in the budget were selected by Dr. Dickinson not for moral reasons but for comparability in the size of total expenditures.

"Physicians will be interested to learn that their share of the medical care dollar has declined from 32 cents in 1929 to 27 cents in 1945. Part of this decline may have been caused by the absence of those physicians who were in the armed forces during 1945. The gap was filled chiefly by increases in the share of the medical care dollar spent for drugs."

S.K.F. GRANT TO UNIVERSITY OF ILLINOIS

Smith, Kline & French Laboratories announce four grants made in the interest of medical research. One of these will support research work on amines in renal hypertension under the direction of Dr. George Wakerlin at the Medical School of the University of Illinois.

State Department of Public Health

A YEAR OF PROGRESS

ROLAND R. CROSS, M.D., DIRECTOR
Department of Public Health
SPRINGFIELD

While the year 1945-1946 was concerned chiefly with conversion from war activities to peacetime service, June 30, 1947 marked the end of a year of significant progress in the establishment of permanent gains in the Illinois public health structure. These gains have been achieved not by the Department alone. The active interest taken by Governor Dwight H. Green, the 65th State General Assembly, the State Medical and Dental Societies, and by large groups of Illinois citizens is equally responsible for this year of progress.

Legislation

New laws enacted by the 65th General Assembly will benefit Illinois people for many years to come. Chief among them are those relating to local hospital construction. The first of these authorizes the Department to cooperate with the Federal government in administering the National Hospital Survey and Construction Act. This means that Illinois may receive approximately $14,000,000 of Congressional funds during the next five years to aid local communities in building adequate hospital facilities. To supplement this source of aid, the State Legislature, based on the recommendations of Governor Green and this Department, appropriated $4,675,000 for the same purpose during the next biennium. A representative hospital advisory council of 18 members was also provided for by the State Legislature to assist the Department in administering the hospital construction program. A new State law requires that hospitals receiving Federal aid must comply with minimum standards for operation and maintenance as promulgated by the Department. Legislation was also enacted which permits the establishment by popular vote of hospital authorities in any compact, contiguous area. The over-all objective of these new related laws is to make good hospital care readily available throughout the entire State, particularly in areas where the greatest need exists.

Noteworthy, too, is the new legislation which is of considerable importance in tuberculosis control. Funds appropriated in 1945 for the construction of State tuberculosis sanitariums were not spent because of building conditions and because of the legal opinion that no authority existed for building and operating such institutions. Consequently the 65th General Assembly authorized the Department to build and operate a series of State tuberculosis sanitariums and appropriated $6,785,000 for establishing one in Cook County, one at Mt. Vernon, and a third in Carroll County. In addition, the Legislature created an Institution for Tuberculosis Research, chiefly for the production of tuberculosis vaccines for further study in this county. A total of $393,250 was appropriated for this purpose.

The Vital Statistics Act, administered by the Department since 1916, was materially strengthened by a series of five State laws enacted in 1947. These laws were based on a detailed study of modern practices relating to vital records made by the Division of Vital Statistics and Records in cooperation with the Legislative Research Council. Many inadequacies of the law were thus eliminated and new provisions were added

which will prove of considerable benefit to the people of this State.

In considering the needs of the Department of Public Health for the new biennium ending in 1949, the General Assembly appropriated $5,428,129, for its ordinary and distributive expenditures. This exceeds the last previous biennial budget by approximately $1,200,000. The increase provides an additional $810,000 for aid to local governments and the balance for laboratory improvements, salary increases, and the higher costs for service and materials. This appropriation is exclusive of $15,000 allotted to the Department for establishing a first aid station in the Capitol Building.

County Health Departments

The far reaching importance of legislation enacted in 1947 is paralleled by the effects of the county health department law adopted by the State in 1943. Since that time the Department in cooperation with the Statewide Public Health Committee and other groups, has energetically promoted the development of autonomous, full-time county and multiple county health departments as the best means of providing adequate health protection. In November 1946 the proposition to establish such programs and to levy taxes for their support was voted upon by the people in 18 counties. The proposition carried by a large majority in 17 counties — Alexander, Pulaski, Massac, Johnson, Pope, Hardin, Lawrence, Wabash, Effingham, Shelby, Morgan, Piatt, DeWitt, Fulton, Peoria, Lee and Will. This remarkable achievement brought to 22 the total number of counties which have taken advantage of the county health department law since 1943. There are now or soon will be in operation 12 single, 3 bi-county and 1 quadri-county health departments covering a population of 1,300,000. Much credit for the accomplishments in this field goes to the Division of Public Health Education and the Division of Local Health Administration.

Hospital Construction Program

Beginning in May 1945, one of the most important projects undertaken by the Department is the survey of hospital facilities in Illinois and the development of a plan for aiding the construction of coordinated system of local hospitals throughout the State. With the closing of the fiscal year in June 1947 the report of the survey and plan stands completed. This plan together with the hospital legislation enacted by the 65th General Assembly serves as the foundation for the Department's hospital construction program. Approval of the plan by the Surgeon General of the U.S. Public Health Service is expected within the immediate future. Upon completion of this step, the Department will be ready to initiate the program, the long-range purpose of which is to provided the State with an integrated hospital system so developed as to make adequate hospital care readily accessible to all of the people.

Completion of this major project has required considerable effort particularly on the part of the Division of Maternal and Child Hygiene which assumed the chief responsibility. The Advisory Council on Hospitals, appointed by the Governor in May 1945, rendered able assistance in formulating concepts of hospital care and planning. This Council, composed of 50 leaders in medical, hospital and civic affairs, will be superseded by the permanent Hospital Advisory Council of 18 members created by the 65th General Assembly. The work of the initial Council, however, will remain as an outstanding service to the people of Illinois.

Other Department Programs

While legislation, county health departments and hospitals have occupied places of prominence during the year, significant gains have been made in other fields of public health. In January 1947 the Department was fortunate in acquiring a qualified chief for its Division of Public Health Dentistry — a position which had been vacant for nearly two years. By June the Division was well on its way in developing a sound dental health education program. The tuberculosis chest x-ray program, initiated in January 1946 developed rapidly during the fiscal year just ended. Well over 200,000 persons took advantage of this service. The Department expects delivery of two additional mobile x-ray units during the coming year.

Of equal significance, the number of cancer diagnostic clinics, promoted and largely financed by the Department, increased from 5 to 11 during the past 12 months. This service is proving of benefit to an ever increasing number of physicians and persons suspected of having cancer. The Illinois Emergency Maternal and Infant Care program was placed on a liquidation basis as of

STATE FUNDS

64th Biennium (Ending June 30, 1947)

Direct Appropriation	Total Budget	Total Expenditure	Free Balance
Personal Services — Regular Positions	$2,456,318.00	$2,456,082.58	$ 235.42
Personal Services — Extra Help	4,600.00	4,443.64	156.36
Contractual Services	223,770.00	222,279.21	678.79
Office Expenses	34,800.00	33,057.57	1,541.32
Travel	191,700.00	190,831.50	868.50
Commodities	192,500.00	186,783.24	395.23
Equipment	100,300.00	92,179.18	695.89
Hospital and Medical Services	65,000.00	64,895.23	71.37
Medical Preparations for Free Distr.	280,000.00	279,983.34	16.66
Contingencies	15,000.00	12,882.81	792.98
Mothers' Milk Program	20,000.00	899.15	19,100.85
Grants to Local Governments	250,000.00	249,810.00	190.00
Payments to Local Government Employees	60,000.00	59,597.67	402.33
Nurses' Homes Regulation	100,000.00	22,186.79	77,543.21
	$3,993,988.00	$3,875,911.91	$102,688.91
Indirect Appropriation			
State Officers' Salaries	$ 29,867.00	$ 20,726.35	$ 9,140.65
Postage and Postal Charges	50,000.00	50,000.00	—
Stationery, Printing and Office Exp.	139,100.00	116,760.52	1,653.29
	$218,967.00	$187,486.87	$10,793.94
Total Direct and Indirect Appropriations	$4,212,955.00	$4,063,398.78	$113,482.85

June 30, 1947. Since 1942 this project, financed by Federal funds but administered by the Department's Division of Maternal and Child Hygiene, provided hospital and medical care to over 60,000 wives and nearly 12,000 babies of enlisted men in the armed forces, Over 6½ million have been disbursed in Illinois for this purpose. It is not unreasonable to believe that EMIC was a considerable factor in the decline of the infant and maternal death rates which took place during the critical war years.

Since the close of the war in 1945, the personnel shortage has become less acute. Many of the Department's employees who left for military service returned during the year. In addition the opportunities for obtaining new and much needed professional personnel have gradually increased. The program for training personnel for the expanding public health program continued throughout the year. The number of persons completing specialized courses in public health was as follows:

Physicians	2
Nurses	19
Sanitation personnel	2
Laboratory personnel	5
Health educators	4
Statisticians	1
X-ray technicians	2

This group is exclusive of 110 teachers who attended summer health education workshops sponsored by several Illinois universities and financed in a large part by Departmental funds.

Finances

The State appropriations to the Department of Public Health for the 64th biennium amounted to $4,212,995. The unexpended balance on June 30, 1947, totaled $113,482.85. The lapsed funds include $77,543.21 for the regulation of nursing homes and $19,100.85 for the breast milk program which, because of the war conditions, could not be carried out during the biennium. Another item included is $9,140.65 for State officers' salaries, accounted for largely by the vacancy in the position of Assistant Director. Appropriations for State officers' salaries, however, are made to the Department of Finance and are not available to the Department of Public Health for expenditure. The remainder of lapsed funds consists of various small amounts divided among thirteen items.

The United States Public Health Service funds allotted to the Department during the fiscal year were as follows: For general health purposes,

U. S. Public Health Service Funds
Fiscal Year Ending June 30, 1947

	General Health	Venereal Disease Control	Tuberculosis Control
Annual Allotment	$696,523.77	$579,540.59	$222,968.37
Expenditures	696,523.77	576,210.03	222,599.28
	—0—	$ 3,330.56	$ 369.09

U. S. Children's Bureau Funds
Fiscal Year Ending June 30, 1947

	Fund A	Fund B
Annual Allotment	$298,129.23	$46,306.52
Expenditures	194,352.88	38,349.00
	$103,776.35	$ 7,957.52

$696,523.77, all of which was spent; for venereal disease control, $579,510.59; and for tuberculosis control, $222,968.37, of which amounts $3,330.56 and $369.09, respectively, remained unexpended.

In addition to funds received for the Emergency Maternal and Infant Care Program, the U. S. Children's Bureau allotted $344,435.75 to the Department for general maternal and infant health programs. Of this amount, $111,733.87 was not spent by the close of the fiscal year.

The Department re-allotted a significant portion of its State and Federal funds as grants-in-aid to local full-time municipal and county health departments. Thus, of all funds expended by the Department during the fiscal year, $233,526, or approximately 12 per cent of State funds, and $727,398, or about 42 per cent of Federal funds were used for this purpose.

Health Conditions

A record breaking 170,921 live births were registered in Illinois for the year 1946. At the same time only 88,373 deaths occurred in the State. The excess of births over deaths provided the State with a natural increase in population amounting to 82,548 persons. The birth rate in 1946 was 20.9 per 1000 estimated population, the highest in many years. The low rate of 10.8 deaths per 1,000 population in 1946 is near the all time low of 10.6 encountered in 1933.

The most outstanding progress in saving lives was among newborn babies and their mothers. Despite the great number of births in 1946 which taxed obstetric and pediatric facilities to the greatest extent ever, deaths associated with childbearing reached an all time low of 1.3 maternal deaths per 1,000 live births and deaths of babies under 1 year of age dropped to 30.3 infant deaths per 1,000 live births, the lowest in history.

During 1946 the crude death rates for the 10 leading causes of death, with the exception of premature births, were all lower than the previous year. This was true for heart disease, cancer, cerebral hemorrhage, nephritis, accidents, influenza and pneumonia tuberculosis, diabetes and arteriosclerosis. In addition 1946 was the eighth successive year in which no deaths from smallpox occurred.

This favorable record, however, was offset to some extent by increased rates in certain causes of death. Chief among these was poliomyelitis, responsible for 171 deaths or 19 more than the previous high of 152 in 1943. Deaths from motor vehicle accidents increased 16 per cent over 1945. Diphtheria accounted for 31 deaths as compared with 12 in the previous year. Suicides and homicides rates, quite low during the war years, increased sharply during 1946.

Correspondence

CHICAGO MEDICAL SOCIETY FOURTH ANNUAL CLINICAL CONFERENCE

March 2, 3, 4, 5, 1948

Palmer House, Chicago

Four full days of lectures, panel discussion and clinicopathologic conferences presented by outstanding speakers and teachers from all sections of the country.

Scientific exhibits well worth seeing.

Technical exhibits on the newer drugs and equipment.

If you have attended previous Conferences, you probably are planning to come again in 1948. If you have not yet attended, you should make plans now to be present.

Make your reservation at the Palmer House.

NEW POST-GRADUATE COURSE IN EAR, NOSE AND THROAT

The School of Speech and the Medical School of Northwestern University will expand their educational and clinical services in the fields of speech and hearing by establishing a new post-graduate training course in ear, nose and throat.

Dr. Howard C. Ballenger, associate professor of otolaryngology, will supervise the new program, with Dr. Elmer W. Hagens, assistant professor otolaryngology, conducting a basic course in ear, nose and throat. Dr. George E. Shambaugh, Jr., assistant professor of otolaryngology, will teach a course in the fenestration operation.

Guidance in the selection of hearing aids will be a part of the new program and Dr. Raymond Carhart, director of the school of Speech's Hearing Laboratory on the Evanston campus, will supervise testing, oral rehabilitation, lip reading, auditory training and speech control before and after operations, thus coordinating medical and surgical work with the department of audiology.

Specialized hearing tests developed during World War II will be given to the hard of hearing on afternoons and evenings as a part of the audiological services. Specialists will observe and participate in the work which is recognized as an integral part of otolaryngology.

The addition of a laboratory in the Medical School will enlarge the activities of the School of Speech Hearing Laboratory and permit a greater number of patients to be accommodated. Approximately 600 children and adults with hearing deficiencies have been assisted in the Evanston laboratory during the last year.

Three soundproof rooms in the ear, nose and throat clinic, located in the Montgomery Ward Memorial building at 303 E. Chicago Ave., have been equipped with an audiometer, a speech threshold measuring system, and hearing aid evaluation devices.

NATIONAL GASTROENTEROLOGICAL ASSOCIATION 1948 AWARD CONTEST

The National Gastroenterological Association again takes pleasure in announcing its Annual Cash Prize Award Contest for 1948. One hundred dollars and a Certificate of Merit will be given for the best unpublished contribution on Gastroenterology or allied subjects. Certificates

will also be awarded those physicians whose contributions are deemed worthy.

Contestants residing in the United States must be members of the American Medical Association. Those residing in foreign countries must be members of a similar organization in their own country. The winning contribution will be selected by a board of impartial judges and the award is to be made at the Annual Convention Banquet of the National Gastroenterological Association in June of 1948.

Certificates awarded to other physicians will be mailed to them. The decision of the judges will be final. The Association reserves the exclusive right of publishing the winning contribution, and those receiving certificates of merit, in its Official Publication, REVIEW OF GASTROENTEROLOGY.

All entries for the 1948 prize should be limited to 5,000 words, be typewritten in English, prepared in manuscript form, submitted in five copies, accompanied by an entry letter, and must be received not later than April 1, 1948. Entries should be addressed to the National Gastroenterological Association, 1819 Broadway, New York 23, N. Y.

APPLICANTS SOUGHT FOR COMMISSIONS IN NAVAL MEDICAL SERVICE CORPS

Applications for commissions in the new Navy Medical Service Corps are desired from qualified Naval Reserve and former temporary officers of the Navy.

Vacancies in the new Navy corps, which was created in the last session of Congress, exist in the pharmacy, optometry and medical allied sciences fields. Ranks of ensign through captain are provided for in the new corps, which is under the supervision of the Bureau of Medicine and Surgery.

Naval Reserve and former temporary officers who held science degrees in psychology, biochemistry, physics, biophysics, bacteriology, pharmacology, radiobiology, serology, virology, chemistry, medical statistics, public health, industrial hygiene, pharmacy, optometry, and sanitary engineering are qualified to apply for appointment to permanent commissioned rank in the Medical Service Corps.

Original appointments are being made in accordance with provisions of the act which permits Reserve and former temporary officers to transfer to the Regular Navy if they served at least six months in commissioned status during World War II. Regardless of the date such officers terminated their active duty service, they are eligible for appointment provded they meet the age, educational and physical requirements. For further information applicants should contact their nearest Naval Officer Procurement office or the Commandant of their Naval District.

HIGHER GRADES AUTHORIZED TO FILL ILLINOIS NATIONAL GUARD MEDICAL VACANCIES

Authority has been granted the Illinois National Guard to fill vacancies for medical officers by assignment of qualified doctors who are one grade higher than that authorized by applicable tables of organization, Brigadier General Kenneth Buchanan, Chief of Staff the Commanding General of Troops, announced today.

"This should alleviate to a great extent the serious shortage of medical officers which has retarded the organization of the new Illinois National Guard," he said. Enlistments have been delayed because of lack of qualified medical personnel to give physical examinations.

"This action is particularly timely, as it comes while we are in the midst of a recruiting campaign to obtain 5,000 additional men for the Illinois National Guard. Some 2,500 have already joined and enlistments should increase as additional doctors become available to give the required examinations."

Medical officers have been reluctant to join the Illinois National Guard in many cases because they were separated from the Army in grades higher than those authorized in tables of organization.

The typical Medical Detachment of an infantry regiment, for example, is authorized five medical officers; one major and four captains or first lieutenants. A battalion is authorized

two medical officers, captains or first lieutenants.

Under this new authority, the regimental medical detachment, for example, could utilize one lieutenant colonel and two to four majors. The battalion could utilize two majors.

"The necessity for filling medical vacancies is immediate to assist our phased strength objectives," General Buchanan said.

The new policy takes effect provided:

1. No officer is available in the proper grade, or one grade junior to that specified for the vacancy in question.

2. The officer concerned has held the higher grade while on active duty or by virtue of an Officer Reserve Corps appointment thereto.

3. Officers so assigned will be in grades up to and including the grade of colonel only.

General Buchanan urged all qualified medical officers to take advantage of the new policy, as their services are urgently needed by the Illinois National Guard.

MEDICAL, EDUCATIONAL SERVICES FOR HANDICAPPED CHILDREN

The Illinois Children's Hospital-School, 2551 North Clark Street, Chicago, operating under the Illinois State Department of Public Welfare gives medical and educational services to severely handicapped, educable children under 21 years of age. No cardiac or tuberculous cases are accepted. Only children who are residents of Illinois and for whom no other educational facilities exist are eligible.

The medical program is supervised by a full time pediatrician and is augmented by consultant services in various medical specialties. Physical and occupational therapy as well as speech training are available to the patients, all of whom are residents at the institution. A full time teaching staff provides schooling from nursery through high school.

Richard Eddy is the superintendent of the institution and Gerda B. Irving the medical director. Inquiries regarding application may be directed to Miss Virginia Cornwell, director of social service. Telephone Diversey 4600.

ANNOUNCEMENT OF SCIENTIFIC EXHIBITS FOR 1948

The Illinois State Medical Society is anxious to present a group of outstanding exhibits during the Annual Meeting in Chicago, May 10, 11, 12, 1948. Sincere effort will be made to make the booths a good background for a good exhibit, attractive and well lighted.

There is a tremendous amount of excellent scientific work done in our state every year, much of which is adaptable to exhibit purposes. In our opinion the Scientific Exhibits are an exceedingly important media of education. It is also worth mentioning that the State Meeting offers an opportunity for an exhibitor to preview his exhibit for the A.M.A. or for Special Society Meetings.

Applications for space in the 1948 Meeting are now being received. If you are interested in presenting an exhibit, please complete the form below and mail to the Director of Exhibits: John A. Mart, M.D., 700 North Michigan Avenue, Chicago 11, Ill.

Hugh A. Flack, M. D.
6 North Michigan Avenue
Chicago, Illinois
Coye C. Mason, M. D.
551 West Grant Place
Chicago, Illinois
Hilger P. Jenkins, M.D.
950 East 59 Street
Chicago, Illinois
John A. Mart, Chairman and Director

Title
(State exact title of exhibit suitable for the program and The Journal announcements.)

Name of Exhibitor (s)

.....

Institution (s)

.....

City State

EIGHTH ANNUAL CONGRESS ON INDUSTRIAL HEALTH

The Council on Industrial Health will hold its Eighth Annual Congress on Industrial Health in the Cleveland Auditorium, Cleveland, on January 5 and 6, 1948. These dates immediately precede the Interim Session of the American Medical Association, which will be held in the Auditorium on January 7 and 8. General practitioners supply a large part of the medical services which workers receive through industry, and they are cordially invited to attend these industrial health sessions. The program of the Congress is being constructed with general practitioners in mind and will include discussions of first aid and emergency services in industry, physical examinations, administrative practices, applied physiology, aviation medicine, radiation medicine and practical expositions of occupational disease management, traumatic surgery and rehabilitation. Since full use of medical services in industry depends on support from management and the worker, the essential relationships will be discussed. Industry needs medicine as a practical ally and to promote human relations. The Industrial Health Congresses are intended to further these objectives.

Dr. Joseph H. Chivers, Chairman of the Committee on Industrial Health of Chicago will represent the Illinois State Medical Society at the Cleveland meeting in January.

NOTICE OF LIQUIDATION OF THE MIDWESTERN AGRICULTURAL WORKERS' HEALTH ASSOCIATION, INC.

Notice is herby given that the Midwestern Agricultural Workers' Health Association will not provide services for the foreign agricultural workers after December 31, 1947.

Any outstanding authorizations or bills payable by the Association should be submitted for payment very promptly. It is not expected that payments can be made from Health Association funds after January 31, 1948.

This situation is brought about by the liquidation of the Labor Branch program.

We want to take this opportunity to express our appreciation for the services you have rendered our organization.

C. B. Hoff
Executive Director
M.A.W.H.A.
A. E. von Bergen
Chief of Operations
Labor Branch

PROGRAM FOR GENERAL PRACTITIONERS AT A.M.A. CLEVELAND SESSION

In addition to technical and scientific exhibits, a program designed particularly as postgraduate education for general practitioners will be presented at the supplemental session of the American Medical Association in Cleveland, Ohio, January 5-9, 1948.

The Council on Scientific Assembly, whose chairman is Dr. Henry R. Viets of Boston, has prepared a program which will include papers, panel discussions and symposia on many of the topics now most prominently before members of the medical profession. Among the topics to be covered are peptic ulcer; blood dyscrasias; the chronic invalid; posthospital care of patients with cancer; treatment of the fat and the lean; cancer of the prostate; the use of BCG vaccine in the prevention of tuberculosis; uterine hemorrhage; multiple injuries in automobile accidents; the treatment of pathologic conditions in adolescence; the treatment of the healthy and sick diabetic patient; jaundice; the Rh factor; and the interpretation of x-ray films of the chest.

During the first two days of the session the Council on Industrial Health of the American Medical Association will conduct a program devoted particularly to problems in its field.

Planned for the Scientific Exhibit is a demonstration of the operation of a diganostic cancer clinic, in which visiting physicians will be given the opportunity to undergo themselves the routine of such an examination.

Original Articles

SURGICAL TREATMENT FOR CARCINOMA OF THE ESOPHAGUS

PHILIP THOREK, M.D., F.A.C.S.
CHICAGO

Carcinoma of the esophagus is no longer considered an inoperable lesion. Operative procedures which aim at both a permanent cure or a prolongation of life have been standardized. Many surgeons including F. Torek[1], Sauerbruch[2], Fischer[3], Ochsner and DeBakey[4], Adams and Phemister[5], Garlock[6], Carter, Stevenson and Abbot[7], Jonas[8], Marshall[9], Cattell[10], and Churchill and Sweet[11], have successfully resected malignant lesions involving both the esophagus and the cardiac end of the stomach.

In 1895, Rehn[12] was the first to mobilize the human esophagus extrapleurally. Faure[13] in 1903, extirpated a carcinoma of the esophagus extrapleurally on two patients; both of these died. In 1907, Wendel[14] resected the lower end of the esophagus and re-established the continuity of the alimentary tract by devising a lateral anastomosis with a Murphy button. Torek[1] performed the first successful resection of the thoracic esophagus for carcinoma in 1913; his patient survived for eleven years without evidence of recurrence. In this operation Torek brought the upper end of the esophagus out into the neck and restored continuity by means of a rubber tube which connected with a gastrostomy. Numerous other attempts have been made, but these procedures have given poor results and a high mortality for the following four reasons:

1. Inaccessability of the esophagus.
2. Lack of a serous coat surrounding the esophagus.
3. Fear of entering the pleural cavity.
4. Working in an area where infection spreads rapidly and is especially dangerous.

It is only during recent years that surgeons have renewed their attack upon this problem, and this has resulted in a greater percentage of success and promise for the future. This report covers an experience with 22 cases from which impressions have been gathered regarding the surgical management of esophageal carcinoma.

Of the 22 cases seen during the period extending from January 1946 to October 1947, there were 10 or 45.5 per cent which were found to have tumors that could not be removed. In the remaining 12 or 54.5 per cent a radical resection followed by intrathoracic esophagogastric anastomosis was performed. In 10 cases it was impossible to extirpate the lesion due to extensive local fixation and invasion of important structures, such as the aorta, pulmonary vein or bronchus. In the 12 patients who had an esophagectomy performed, 3 died due to congestive heart failure, and the 9 who recovered are improving clinically at the present writing. In the group which had resections performed, 9 cases had lesions in the lower esophagus and cardiac end of the stomach (Zone 3) and in 3 the malignancy

From the Hektoen Institute of Medical Research, the Departments of Surgery of Cook County Hospital, Cook County Graduate School of Medicine, University of Illinois, American Hospital and Alexian Brothers' Hospital.

was found in the midthoracic region (Zone 2). It is interesting to note that of the 22 cases operated upon 15 patients were over 65 years of age and the remaining 7 were between 45 and 50 years of age.

Churchill and Sweet[11] have divided the esophagus into fourths rather than the classical division into thirds. Their second and third fourths constitute the middle section of the esophagus. By means of this division it is possible to consider the esophagus as having three zones. Zone 1 extends from the base of the neck to the superior aspect of the aortic arch. Zone 2 includes the middle portion which extends from just above the aortic arch to a point just below the level of the inferior pulmonary vein. Zone 3 is the lower fourth of the thoracic esophagus, the cardiac orifice of the stomach and just a few centimeters of stomach including the fundus. Making use of these zones, we have tried to standardize a given procedure or procedures for each zone.

Zone 1 affords the greatest technical difficulties; fortunately this is an uncommon location for carcinoma. Lesions of this part of the esophagus present a specialized problem and the operative procedures are still being perfected. Sweet[15] has standardized the surgical treatment for carcinoma of the midthoracic esophagus (Zone 2); he does a resection with high intrathoracic esophagogastric anastomosis. For lesions involving Zone 3 as well as the cardiac portion of the stomach, a combined thoracico-abdominal approach as described by Garlock[16] is most applicable.

TREATMENT OF ZONE 2 LESIONS

It is in lesions which involve this zone, or the middle half of the esophagus, that the operative procedure described by Sweet[15] is best utilized. This is essentially a partial esophagectomy and partial gastrectomy followed by a supra-aortic intrathoracic esophagogastrostomy.

CASE REPORT

The following case is a typical example of a patient with a Zone 2 lesion:

The patient, J. B., a 66 year old white male, entered the hospital on April 14, 1947 stating that he had pain beneath the middle of the sternum following each meal; this complaint started in August 1946. In February of 1947, he complained of difficulty in swallowing solid foods. Regurgitation and vomiting were present and in the last three months he lost 18 pounds. At present he was only able to swallow liquids Temperature, pulse and respirations were normal and blood pressure was 144/80. Physical examination was essentially normal. X-ray examination revealed a filling defect and definite narrowing about the midthoracic esophagus. The patient was esophagoscoped and the biopsy revealed a squamous cell carcinoma. On April 23, 1947, the patient was operated upon and a partial esophagectomy with a supra-aortic esophagogastric anastomosis was performed. The pathologist reported a hornifying squamous cell carcinoma of the midthoracic portion of the esophagus. With the exception of a rise in temperature of 102° on the second postoperative day, this patient's postoperative course was quite uneventful. Postoperative chest x-rays revealed some exudative fibrous pleuritis of the left hemithorax. Some slight dyspnea was present, but the breath sounds were heard. Patient was out of bed on the fourth postoperative day.

Treatment:— It must be emphasized that no surgeon can be expected to do this type of surgery without the aid of a competent anesthetist. By competent anesthetist we mean one who not only can give a perfect intratracheal positive pressure anesthesia, but who also is versed in the minutia of pre- and postoperative care. Ample blood and plasma are provided.

The patient is placed on his right side with the left arm held forward and the left side of the chest arched upward. The incision begins at the left costal margin anteriorly, extends backward usually over the seventh or eighth rib, and ends by extending upward between the spinal column and the left scapula (Figure 1-A). A wide resection of the rib is accomplished by cutting its cartilage anteriorly and its neck posteriorly. To obtain proper exposure, it is usually necessary to divide the seventh, sixth and fifth ribs posteriorly and at times the ninth rib. These ribs are either severed or small sections are removed; however, we have found that removal of a small segment produces less postoperative pain. The left thoracic cavity is entered, a rib spreader inserted and the field completely exposed. The inferior pulmonary ligament and mediastinal pleura are incised, and resectability of the growth determined. Extensive involvement of the left main bronchus, aortic arch or inferior pulmonary vein usually signify an inoperable condition. Dissection is begun anterior to the esophagus, and if these three structures can be safely avoided, the posterior dissection is started. After freeing the esophagus anteriorly and posteriorly the growth is freed from the right mediastinal pleura. At times it may become necessary to re-

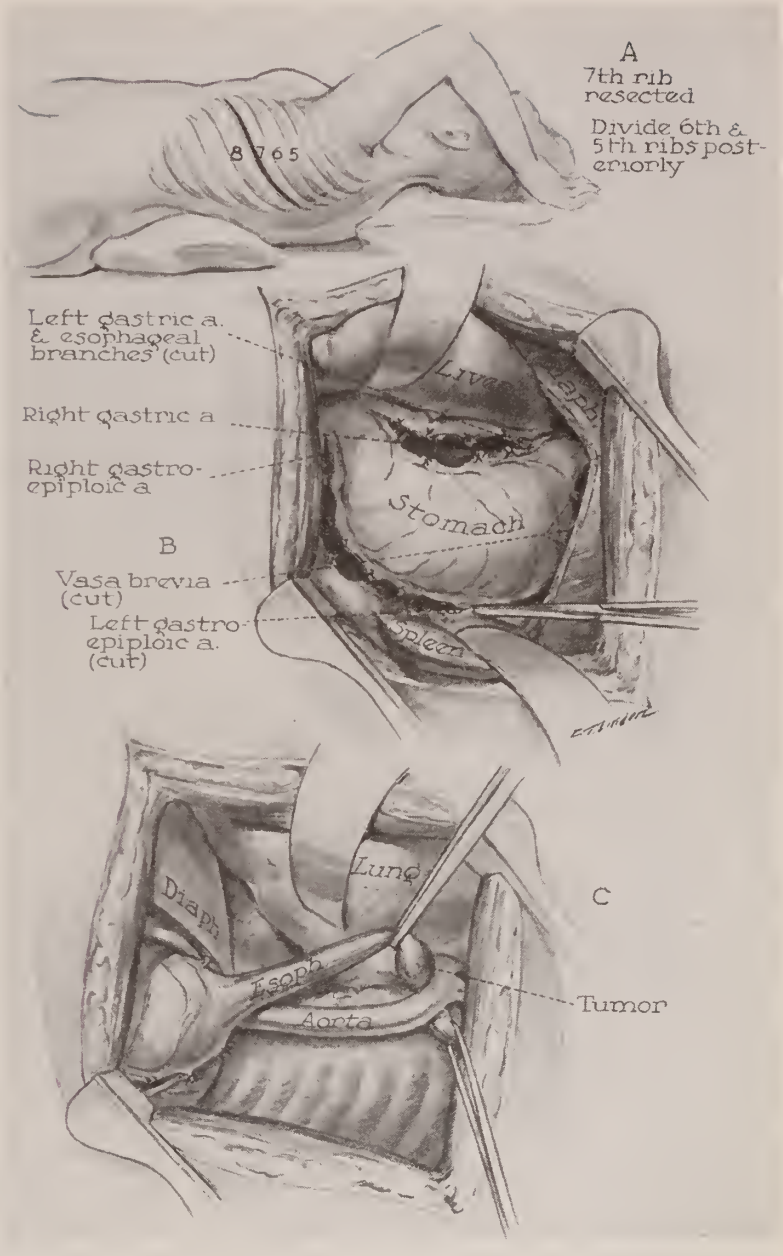


Figure 1. Surgical Treatment for Carcinoma of the Midthoracic Esophagus (Zone 2).

A. The patient is placed on his right side with the left arm held forward and the left side of the chest arched upward. The incision begins at the left costal margin anteriorly, extends backward usually over the seventh rib, and ends by extending upward between the spinal column and the left scapula. A wide resection of the rib is accomplished by cutting its cartilage anteriorly and its neck posteriorly.

B. The diaphragm has been divided and the lower end of the esophagus and greater part of the stomach mobilized.

C. The tumor and the esophagus are freed both above and below the arch of the aorta.

move a portion of this layer, which results in an opening into the right thoracic cavity. The surgeon relies upon the skill of the anesthetist and the closed system by means of which he can exert positive pressure and prevent or re-expand a collapsed right lung. Sweet[15] states that in 32 cases the right pleural cavity was entered 13 times. No attempt is made to close such a defect, because after the left lung has been expanded and the chest closed no ill effects have resulted. At this point in the dissection the esophagus has been mobilized from the aortic arch downward to the diaphragm. The abdomen is then entered through an incision in the diaphragm which extends radially from the esophageal hiatus to the costal margin (Figure 1-B). The branches of the phrenic artery which supply the diaphragm are usually quite large and bleed profusely, hence they are individually severed and ligated. The upper two-thirds or three-fourths of the stomach is mobilized by dividing the gastrosplenic ligament and severing and ligating the vasa brevia and left gastro-epiploic vessels. The gastrocolic ligament is divided as far as the pylorus;

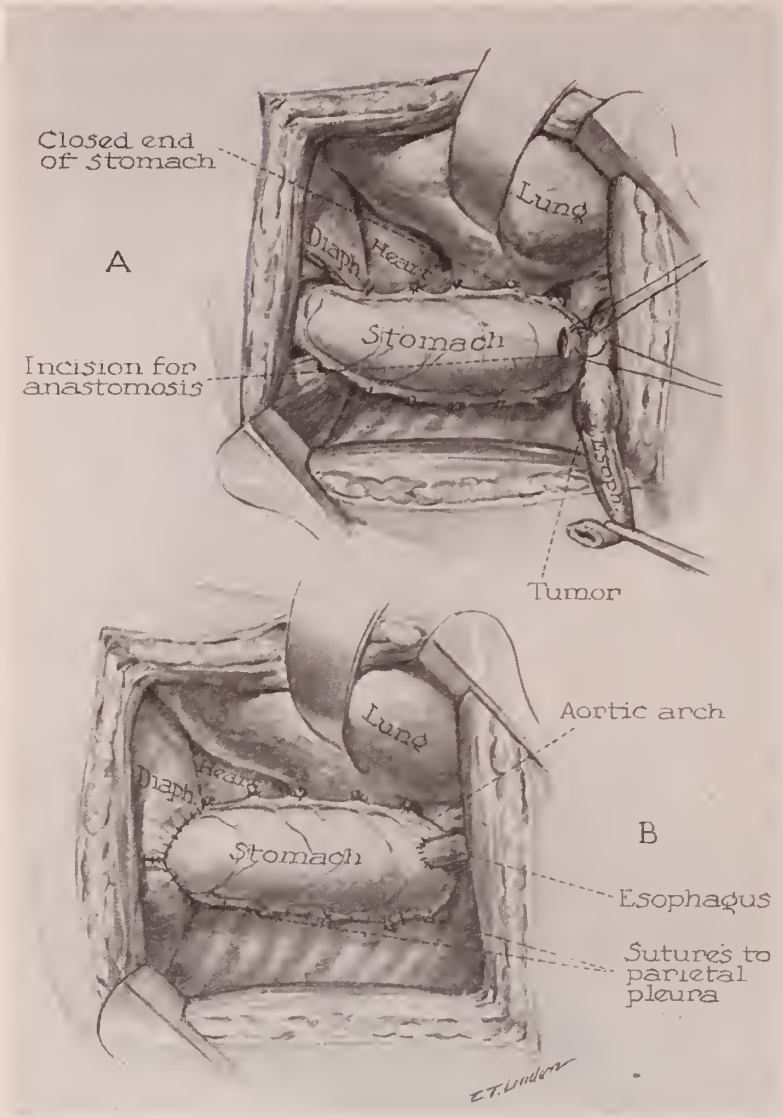


Figure 2. Surgical Treatment for Carcinoma of the Midthoracic Esophagus (Zone 2) (Cont'd.).

A. The stomach has been divided distal to the cardia and the gastric opening closed by two layers of sutures. The freed esophagus is brought over the arch of the aorta. The muscularis of the esophagus is approximated to the serosa of the stomach. An opening is made high on the gastric fundus. The tumor and major portion of the esophagus are removed and the anastomosis completed.

B. The diaphragm is repaired. To relieve tension upon the suture line, the stomach is sutured to the parietal pleura and the edges of the diaphragm are fastened to the gastric antrum.

the right gastro-epiploic vessels are spared. The lesser curvature of the stomach and the lower end of the esophagus are mobilized by division of suprarenal, phrenic and pericardiophrenic vessels. The left gastric artery can now be easily identified, cut and tied close to its origin near the coeliac axis (Figure 1-B). This extensive mobilization permits the fundus of the stomach to be placed into the apex of the chest with ease.

The stomach is divided distal to the cardia. The distal portion is inverted by means of a two layer closure, the first layer is usually a continuous catgut suture and the second interrupted cotton. Heavy crochet cotton placed around a piece of gauze closes the lower end of the esophagus.

The dissection is next carried above the aortic arch. An incision is made in the mediastinal pleura above the arch, and that part of the esophagus which lies in the superior mediastinum is freed. The attachments of the esophagus behind the arch are completely freed by dividing small arteries which arise from the aorta and some additional branches which arise from the bronchial arteries. When the esophagus is properly mobilized, it becomes possible to pull it up from behind the aortic arch, turn it outward and perform an esophagogastric anastomosis (Figure 2-A).

An outer layer of interrupted cotton sutures is placed which approximates the muscular coat of the esophagus to the serosa of the stomach.

Because of the lack of serosa on the esophagus and its longitudinally placed musculature, it is best to use a mattress type of stitch. An opening is made high on the fundus of the stomach, and the posterior esophageal wall is incised. The edges of the stomach and esophagus are sutured by means of through and through interrupted cotton sutures. The tumor and major portion of the esophagus are removed. A Levine tube is passed from the nose through the esophagus, over the suture line and into the stomach. Two anterior suture lines are now placed over the tube: an anterior through and through and an anterior musculoserous. Some surgeons object to placing a tube over a suture line especially where the blood supply is poor. We have never hesitated to employ such a tube in our esophageal work, and have used it as well in anatomoses which involve the distal sigmoid and rectum even after severing the superior and middle hemorrhoidal vessels. We believe that if the caliber of the tube over which the anastomosis is made is smaller than the stoma through which it passes, pressure is avoided and the blood supply is not impaired. It is imperative to relieve all pull or tension upon the suture line and to accomplish this the stomach is sutured to the parietal pleura, and the edges of the diaphragm are fastened to the gastric antrum (Figure 2-B). Novocaine is injected into the phrenic nerve to produce temporary immobilization of the diaphragm. A solution of 200,000 units of penicillin is sprayed partly above and below the diaphragm, and the latter is repaired. There is still no unanimity of opinion as to whether or not closed suction drainage should be instituted. If this is desired, however, a catheter is brought out through a short incision posteriorly in a lower interspace. We have been using a "T" tube for this suction, placing one limb upward and the other below the lung and toward the mediastinum. The lung is fully expanded and an airtight closure of the chest completes the operation. The stomach now forms an intrathoracic "esophagus" and its blood supply is derived from the right gastric and the right epiploic arteries. On the esophageal side, when the anastomosis is made in the region of the aortic arch, the blood supply to the esophagus is derived from those vessels which descend from the inferior thyroid artery[17].

Much of the success or failure of this procedure depends upon the postoperative care. The lung must be kept re-expanded and atelectasis avoided if possible. Inspissated mucus readily leads to the development of atelectasis which in turn results in pneumonitis. Chemotherapy, early ambulation, breathing exercises, bronchoscopy and food and fluid balance all play their specific roles in the successful outcome of these cases.

Lewis[18] prefers a right transpleural approach for lesions in the middle third of the esophagus for the following reasons:

1. Only the vena azygos major has to be divided to fully expose the esophagus.

2. Greater accessibility to the upper two-thirds of the thoracic esophagus.

3. The aortic arch and descending aorta instead of being an obstacle become a safety barrier between the surgeon and the other pleural cavity.

However, Nissen[19] in a personal communication to the author has stated that he continues to utilize a left sided approach for these lesions.

TREATMENT OF ZONE 3 LESIONS

Although no hard and fast set of rules can be applied in every case, most lesions involving the lower part of the esophagus as well as the cardiac end of the stomach can be removed through a combined thoracico-abdominal approach. Marwedel[20], Hedblom [21] and Micheli[22] all had this idea in mind. Humphreys [16] in a personal communication to Garlock mentioned the simplicity of the combined thoracico-abdominal approach. Garlock in turn reported his results with this type of incision in 14 cases, and has become quite enthusiastic about it.

CASE REPORT

The following case is a typical example of a patient with a Zone 3 lesion:

The patient, W. L., a 65 year old white male, entered the hospital on May 12, 1947, complaining of difficulty in swallowing which was of 5 months' duration. He stated that food of solid consistency had become more difficult to swallow and that he was now living on liquids. There was some anorexia, nausea, eructation and his dysphagia was becoming rapidly worse.

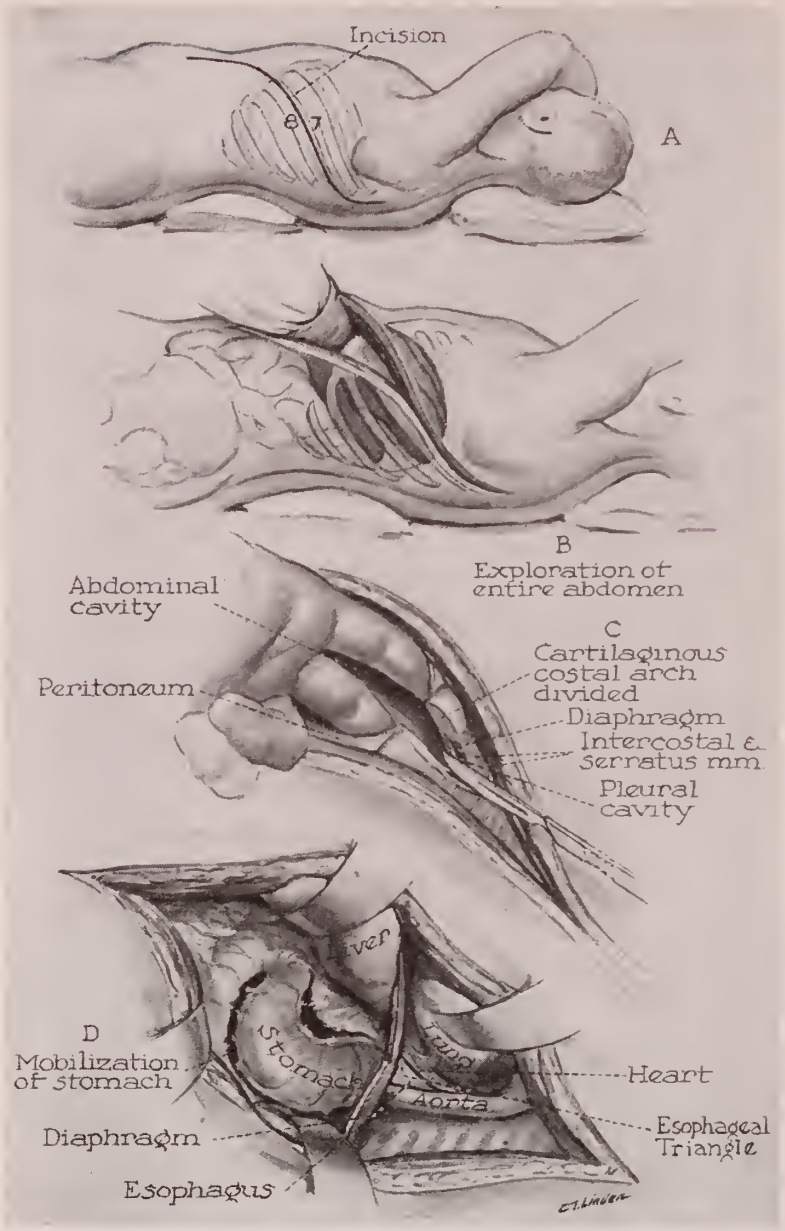


Figure 3. Surgical Treatment for Carcinoma of the Lower End of the Esophagus and Upper End of the Stomach (Zone 3).

A. The patient is placed on his right side with a five degree inclination backwards. The incision extends from one or two inches below the umbilicus, over the inner third of the left rectus abdominis muscle, crosses the left costal arch, continues in the seventh intercostal interspace and then turns upward between the left scapula and vertebral column.

B. The abdominal part of the incision is opened and thorough exploration is carried out to determine operability.

C. The costal arch is severed, the intercostal muscles and pleura are divided and the pleural cavity is entered. The diaphragm is divided radially from the esophageal hiatus to its peripheral attachment.

D. Thoracico-abdominal exposure and identification of the esophageal triangle.

Some vomiting of undigested food was also present. In the past 4 months he had lost 29 pounds. Temperature, pulse and respirations were normal and the blood pressure was 132/80. The physical examination was essentially normal. X-ray examination revealed a constriction at the lower end of the esophagus, the exact nature of which could not be determined. The esophagoscopist's report showed that the upper esophagus was filled with fluid and undigested food; the distal esophagus was obstructed at a point 42 cms. from the upper gums. A friable freely bleeding and ulcerating lesion was found at this point. A number 10 Bougie was passed into the stomach, but the esophagoscope could not be advanced into the stomach. Macroscopic impression was carcinoma of the esophagus, however, the tissue removed for biopsy revealed an adenocarcinoma. This report suggested a carinoma of the cardiac end of the stomach which had invaded the esophagus. A partial gastrectomy and esophagectomy were done followed by an intrathoracic esophagogastric anastomosis. The pathologist reported an adenocarcinoma of the cardiac end of the stomach with extension into the esophagus. The technic of the operative procedure is described below.

This man's postoperative course was completely uneventful. On his second postoperative day his temperature rose to 101° and then rapidly dropped and remained normal from then on. Daily postoperative chest x-rays revealed a mild fibrous pleuritis, with a small pleural effusion in the lower left chest and a small pneumothorax. However, breath sounds returned immediately, and at no time was any dyspnea present.

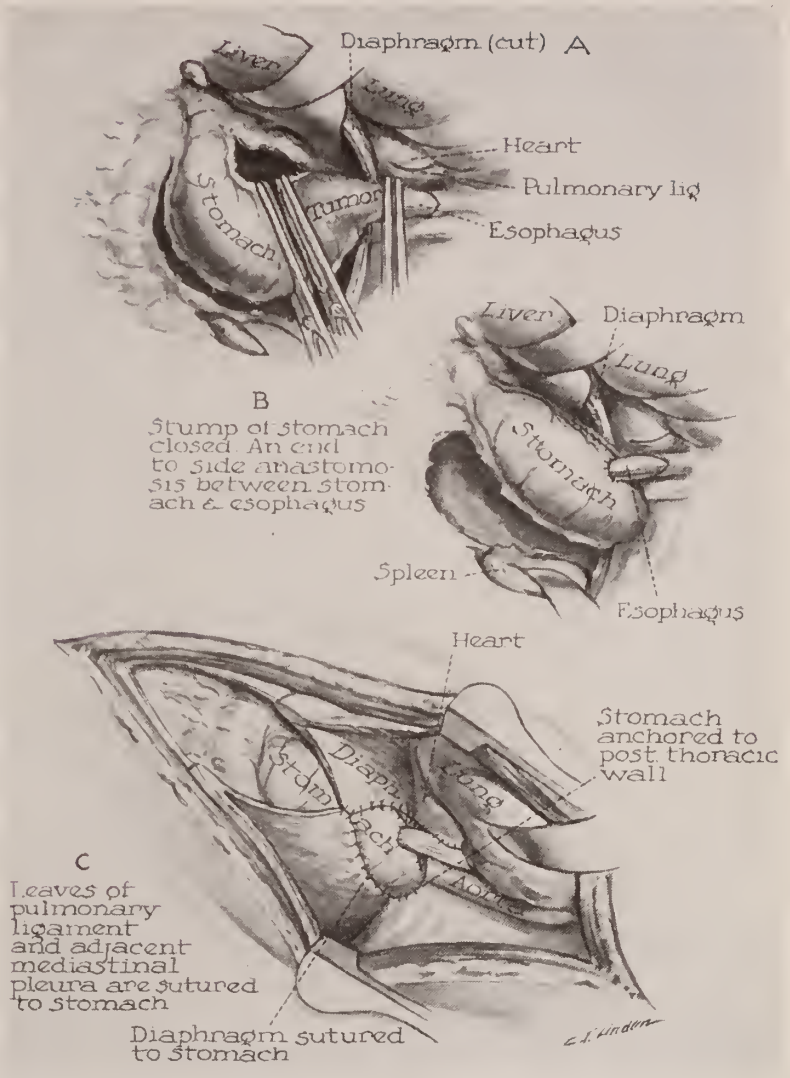


Figure 4. Surgical Treatment for Carcinoma of the Lower End of the Esophagus and Upper End of the Stomach (Zone 3) (Cont'd.).

A. Removal of the tumor including the lower end of the esophagus and the upper end of the stomach.

B. Supradiaphragmatic esophagogastrostomy completed.

C. Repair of diaphragm and prevention of tension on the suture line by suturing stomach to the diaphragm, thoracic wall and adjacent mediastinal pleura.

The absence of pain was a striking factor throughout his entire course. He was out of bed on the third postoperative day and was discharged on the eleventh postoperative day. He is gaining weight and is now eating a liberal diet.

Treatment: Intratracheal positive pressure anesthesia is the one of choice. The patient is placed on his right side with about a five degree inclination backwards. The right knee is bent and the pelvis is strapped to the table. Wide adequate skin preparation and draping are essential to good exposure. Scratch marks identify the seventh, eighth, ninth and tenth left costal cartilages. A left upper rectus incision is made, which extends from or below the umbilicus to the left costal arch (Figure 3-A). The peritoneal cavity is entered and a thorough exploration done to determine the extent of the growth, fixation to vital structures and the presence of metastases (liver, peripancreatic, pelvic and diaphragm) (Figure 3-B). Should the tumor prove to be operable, the incision is extended over the costal arch and then upward and outward in the seventh intercostal interspace. We have found the seventh interspace preferable to the eighth, since it affords better exposure and makes the performance of the anastomosis easier. The costal arch is cut and the pleural cavity is entered (Figure 3-C). The intercostal muscles and pleura are divided back, well past the inferior angle of the scapula and the left leaf of the diaphragm is severed. The latter is divided radially from the esophageal hiatus to its peripheral rib attachment. Large phrenic vessels are encountered which should be properly isolated, divided and tied. The inferior pulmonary ligament is sev-

ered; this exposes an esophageal triangle which is bounded in front by the heart, behind by the descending aorta and below by the diaphragm. In this triangle the esophagus can be easily identified (Figure 3-D). Truesdale[23] has described this anatomic triangle as an aid in locating diaphragmatic herniae. We have also used it in locating the esophagus in transthoracic vagotomies[24].

The technic for the resection and anastomosis is essentially the same as that described under Zone 2 lesions. However, this anastomosis would be infra-aortic as compared to the other which is supra-aortic (Figures 4-A and 4-B). Through this incision it is possible to resect the spleen and tail of the pancreas with ease, and even a total gastrectomy followed by an esophagojejunostomy becomes possible through it. Carter[25] recently has commented upon the excellent exposure and ease with which splenectomy can be performed through a thoracico-abdominal approach. Closure is accomplished, the diaphragm is repaired, and the now somewhat enlarged esophageal hiatus is sewn to the transplanted stomach (Figure 4-C). Large perichondral or pericostal sutures are placed. A Bailey rib approximater draws the costal cartilages together and relieves the tension so that the perichondral sutures may be tied. Before the chest is closed, a rubber tube is inserted in a lower interspace for underwater drainage. The pleura, intercostal muscles and overlying soft tissues are approximated. The abdominal incision is closed in layers. The necessity of a jejunostomy is still subject to much controversy; however, we have found this procedure to be unnecessary.

The suture material which we prefer is spool cotton[26]. In an extensive and time consuming procedure such as this, continuous catgut is used only to close the thoracic and abdominal defects. We have never had cause to regret the combined use of cotton and catgut in the same case nor do we hesitate to use cotton on the mucous membrane side of an anastomosis.

We agree with Garlock that the smoother and more rapid postoperative course of these patients, as compared to those who have had rib resection is impressive. The patient herein described was dangling his feet out of bed on the first postoperative day, was out of bed on the third postoperative day and walked out of the hospital on the eleventh postoperative day.

SUMMARY

1. A previously suggested zoning of the esophagus into three divisions has proved helpful and practical as an aid to standardizing the surgical treatment for carcinoma of the esophagus and has been applied in a personal series of 22 cases.

2. Typical case histories of Zone 2 and Zone 3 lesions and their surgical management have been cited.

3. Lesions involving Zone 2 (midthoracic esophagus) are best handled by transthoracic partial esophagectomy and partial gastrectomy with a supra-aortic esophagogastric anastomosis.

4. Zone 3 lesions (lower esophagus and cardiac end of the stomach) are best resected by a combined thoracolaparotomy incision which does not necessitate the removal of any rib or ribs.

5. A modification of the standard incisions is suggested.

6. With the advent of positive pressure anesthesia in the hands of qualified anesthetists, chemotherapeutic agents, expert pre- and postoperative care and the perfection of surgical technic, such extirpations are made possible, thus providing a new lease on life for these patients who only a few years ago were considered doomed.

850 West Irving Park Road

The engravings used to illustrate this article were supplied through the courtesy of the Illinois Division of the American Cancer Society.

BIBLIOGRAPHY

1. Torek, F., The First Successful Resection of the Thoracic Portion of the Esophagus for Carcinoma, J.A.M.A., 60: 1533, 1913.
2. Sauerbruch, F., Die Chirurgie der Brustorgane, Berlin, Julius Springer, 2: 607-608, 1925.
3. Fischer, H., Esophageal Implantation into Stomach after Intrathoracic Resection of the Esophagus for Carcinoma, Arch. Surg., 12: 241 (Jan. pt. 2) 1926.
4. Ochsner, A., and DeBakey, M., Surgical Aspects of Carcinoma of the Esophagus, Jour. Thoracic Surg., 10: 401-445, April 1941.
5. Adams, W. E., and Phemister, D. B., Carcinoma of the Lower Thoracic Esophagus; Report of a Successful Resection and Esophagogastrostomy, Jour. Thoracic Surg., 7: 605, 1938.
6. Garlock, J. H., The Problem of Cancer of the Esophagus, Jour. Mt. Sinai Hosp., 7: 349, 1941.
7. Carter, B. N., Stevenson, J., and Abbot, O. A., Transpleural Esophagogastrostomy for Carcinoma of Esophagus and Carcinoma of Cardiac End of Stomach, Surgery, 8: 587, 1940.
8. Jonas, A. F., Transpleural Esophagogastrostomy: Report of a Successful Case, Arch. Surg., 44: 556 (March) 1942.
9. Marshall, S. F., Carcinoma of the Esophagus: Successful Resection of Lower End of Esophagus with Reestablishment of Esophageal Gastric Continuity, Surg. Clin. North Amer., 18: 643, 1938.

10. Cattell, R. R., cited by Bird, C. E.: Recent Advances in Surgery of the Esophagus, Surgery, 6: 617, 772 and 949, 1939.
11. Churchill, E. D., and Sweet, R. H., Transthoracic Resection of Tumors of the Stomach and Esophagus, Annals Surg., 115: 890-919, June 1942.
12. Rehn, Operationem an dem Brustabschnitt der Speiseröhre, Verhandl. d. deutsch. Gesellsch. f. Chir., 27: 448, 1898.
13. Faure, J. L., and Demonlin, A., Cancer se la portion thoracique de l'oesophage. Extirpation du néoplasme par la voie médiastinale postérieure droite, combinée á une incision cervicale, Bull et mén. Soc. de chir., 29: 122, 1903.
14. Wendel, W., Beitrag zur endothorakalen Oesophaguschiturgie, Arch. f. klin. Chir., 83: 635, 1907.
15. Sweet, R. H., Carcinoma of the Midthoracic Esophagus: Its Treatment by Radical Resection and High Intrathoracic Esophagogastric Anastomosis, Annals Surg., 124: 653-666, October 1946.
16. Garlock, J. H., Combined Abdominothoracic Approach for Carcinoma of Cardia and Lower Esophagus, Surg., Gynec. and Obst., 83: 737-741, December 1946.
17. Ohsawa, T., The Surgery of the Oesophagus, Arch. f. Jap. Chir., 10: 605, 1933.
18. Lewis, I., The Surgical Treatment of Carcinoma of the Esophagus, Brit. Jour. Surg., 34: 18-32, 1946.
19. Nissen, R.: Personal communication with author.
20. Marwedel, G., Zbl. Chir., 30: 938-941, 1903.
21. Hedblom, C. A., Surg., Gynec. and Obst., 35: 284-287, 1922.
22. Micheli, Italienscher Chirurgen Kongretz, 1895.
23. Truesdale, P. E., Diaphragmatic Hernia: Varieties and Surgical Treatment of the Hiatus Type, Am. J. Surg., 32: 204 (May) 1936.
24. Thorek, P., Vagus Nerve Section (Vagotomy) in the Treatment of Peptic Ulcers, Accepted for publication in the near future by the J.A.M.A.
25. Carter, B. H., The Combined Thoracico-abdominal Approach with Particular Reference to its Employment in Splenectomy, Surg. Gynec. and Obst., 84: 1019-1028 (June) 1947.
26. Thorek, P., Five Years Experience with Spool Cotton as a Suture Material, Amer. Jour. Surg., 71: 652-656, May 1946.

EARLY AMBULATION IN THE SURGICAL PATIENT

(Review of 100 private cases on a general surgical service)

ARKELL M. VAUGHN, M.D.
ANTHOY C. GUZAUSKAS, M.D.
FRANCIS A. LAGORIO, JR., M.D.
CHICAGO

In recent years there has been a trend toward early ambulation of surgical patients, especially since the favorable report of Leithauser and Bergo[1] in 1941.

In reviewing the literature, however, it is found that Emil J. Ries[2] of Chicago, in 1899, advocated early ambulation for his gynecological patients. His patients arose from bed 24 hours to 6 days following vaginal celiotomy. Observations recorded by him compare favorably with those of the present day, especially in relation to bowel habits, appetite, early return of peristaltic sounds, and diminishing incidence of urinary retention.

It is of historical interest that Dr. Ephraim McDowell[3], who performed the first successful laparotomy in the United States in 1809, found his patient, Mrs. Crawford, up making her bed on the 5th post-operative day.

Early ambulation in the United States was not popular following Ries'[2] article. However, since the late twenties, articles have appeared from European clinics stressing its value. Since 1941 the American literature has numerous articles upon the subject[1,4,5,6,7,8,9,10,11].

Definition — At the present time there is no common definition for the term "early ambulation." Various investigators have set individual standards as to time and physical exercise necessary to constitute it. Newberger[4] defines early post-operative ambulation as:

> "A daily post-operative continuation of bodily activities, including walking (not just being placed in a chair), self care in matters of toilet, dressing, feeding and even actual gymnastics — directed toward an uncomplicated and rapid convalescence."

In this series we have arbitrarily set the time limit for arising and actually walking no later than the third post-operative day.

Physiology. — Early ambulation restores normal thoracic motion and pulmonary activity. The normal vital capacity of the lungs is restored and at the same time an increased negative pressure is produced in the large venous vessels in the chest. Lowering of the diaphragm aids also in producing an increased negative pressure. By increasing the negative pressure in the chest, the return flow of venous blood is augmented. Likewise, full aeration of the lungs and pulmonary motion lessen the possible occurrence of atelectasis.

Skeletal tone is restored early and muscular activity likewise increases the return venous flow.

By early ambulation we hope to maintain a relatively normal vasomotor balance.

Clinical Observations. — In order to contribute toward the evaluation of this procedure, we are presenting 100 private major surgical cases operated at Mercy Hospital on our General Surgical

From the Department of Surgery, Loyola University School of Medicine, and Mercy Hospital, Chicago, Illinois.

Presented before section on Surgery, Ill. State Med. Soc., 107th Annual Meeting, Chicago, May 12-14, 1947.

TABLE 1

Types Of Cases	Sex		Average Age		Average Day of Arising		Temperature Max. Level	Temperature Elevation Day	Day Of Return To Normal
	Females	Males	Females	Males	Females	Males			
Thyroidectomy	10		44.5		1.4		99.9	1.7	2.6
Cholecystectomy	7		42		2.7		100.8	1.5	5
Cholecystectomy And Appendectomy	3		28		2.6		101.3	1.7	5.6
Cholecystectomy And Closure Of Choledochoduodenal Fistula	1		65		2		101.8	1	4
Oophorectomy	4		33		2.7		100.9	1.2	4.4
Appendectomy									
Acute	3	13	22.7	24	2.6	2.2	100.9	1.3	4
Interval	16	8	22.6	30.1	2.4	2.1	100.	1.4	3.2
Gastroenterostomy	1	1	53	50	3	3	101	2	4
Hysterectomy	5		39		2.4		101.1	1.6	3.2
Herniorrhaphy									
Indirect Inguinal	2	7	35.5	39.3	2	2.3	100.3	1.5	3.3
Direct Inguinal		3		68		2.3	100.1	1.3	2.3
Umbilical	1		36		3		100	1	5
Epigastric		2		45		1.5	100	1	2
Vagotomy									
Transthoracic		4		44.4		2	101.6	1.3	4.7
Abdominal with Posterior Gastroenterostomy	1	2	47	41	3	3	101.5	1	4.5
Mastectomy	4		61		1.5		101.5	1	2.3
Omentopexy	1		46		3		100.8	1	2
Foreign Body In Left Lumbar Area	1		43		1		102	1	2

Service in the past 18 months. This group consists of surgical patients who got up and actually walked no later than the 3rd post-operative day. Since this was a new therapeutic aid in this hospital, these cases were carefully selected so as to overcome any prejudices or criticisms which might arise. A control group of similar cases who did not rise early is being compiled for a future publication in order to give us a more accurate evaluation of this problem.

Of the 100 cases there were 60 females and 40 males (see Tables 1 and 3). The average age for the entire series was 41.9 years, and the day of ambulation averaged 2.32 days. The average maximum temperature in the uncomplicated cases was 100.8° reached on the 1.3 post-operative day, the temperature returning normal on the 3.56 day. The average hospital stay of the uncomplicated case was 9.52 days. No effort was made to send the patient home early because of the above mentioned reasons.

Complications. — Complications occurred in six patients (see Table 2). There were three cases of pulmonary emboli, one occurring on the 5th post-operative day in a 52-year old female following a cholecystectomy. Another on the 14th post-operative day in a 57-year old female following a radical breast amputation. This latter patient developed a thrombo-phlebitis on the 6th post-operative day. The third pulmonary embolism occurred in a 25-year old male on the 14th post-operative day following a transabdominal vagus nerve resection and posterior gastroenterostomy. This patient also developed an atelectasis on the 2nd post-operative day.

There were two cases of thrombo-phlebitis. One, as previously mentioned, in the patient with

TABLE 2

COMPLICATIONS

Types Of Cases	Atelecatsis	Pulmonary Embolism	Thrombo-Phlebitis	Phlebo-Thrombosis
Cholecystectomy 52 yr. female		5th PO Day		
Mastectomy 57 yr. female		14th PO Day	6th PO Day	
Appendectomy 21 yr. female			14th PO Day	
Vagotomy-Transthoracic 52 yr. male	2nd PO Day			
Vagotomy with Gastroenterostomy 25 yr. male	2nd PO Day	14th PO Day		
Vagotomy-Transthoracic 50 yr. male				5th PO Day

a radical mastectomy. The other occurred in a 21-year old female on her 14th post-operative day after being discharged from the hospital. She was re-admitted and treated conservatively.

There was one case of phlebo-thombosis in a 50-year old male following a transthoracic resection of the vagus nerve, which developed on the 5th post-operative day.

All of these cases were treated conservatively with Heparin, Dicumerol, and with lumber sympathetic Novocaine block when indicated. All patients made uneventful recoveries.

Seventeen patients required a total of 23 catherizations post-operatively.

All patients were operated under general or spinal anesthesia. Intra-tracheal inhalation anesthesia was used in the transthoracic vagus nerve resections.

Catgut suture material was used throughout, except interrupted dermal for the skin incisions. Plain No. 0, doubled, continuous, was used for the peritoneum: interrupted No. 1 chromic for closing fascia, and plain No. 0 interrupted for approximating the subcutaneous issue.

The incisions used were pararectus, transverse and McBurney's in the abdomen and intercostal in the chest.

There were no wound disruptions nor deaths.

A follow-up of the patients from two to eighteen months has revealed no further complications other than those already mentioned.

Advantages of Early Ambulation. — The following advantages are noted in the literature[6,5,10] and also from our personal experiences:

1. Increased wound healing.
2. Lowered incidence of nausea, vomiting and abdominal distension.
3. Early return of vasomotor balance.
4. Earlier return of normal function of bladder and bowel.
5. Maintenance of normal muscle tone.
6. Psychologic effect on the patient's morale and mental status.
7. Acceleration of convalescence.

TABLE 3

SUMMARY CHART

Total Number of Patients		Average Age		Average Day of Ambulation		Aver. Max. Temp.	Day of Max. Temp. Elev.	Day of Normal Temp.
Males	40	Males	42.7	Males	2.3	100.8°	1.3	3.56
Females	60	Females	41.2	Females	2.35			
	100		41.95		2.32			

8. Earlier return of working ability.
9. Economic saving to the patient and hospital.
10. Nursing care reduced, which is especially desirable in this day of scarcity of nurses.

Contra-Indications for Early Ambulation. — The following have been listed as contra-indications:

1. Prolonged bed rest previous to surgery.
2. Cardiac insufficiency.
3. Recent coronary occlusion.
4. Shock.
5. Severe anemia.
6. Hemorrhage or fear of hemorrhage.
7. Suspected presence of thrombi or emboli.
8. Suppurative conditions as (a) peritonitis, (b) pancreatis, and (c) cholangitis.
9. Insecure anastomosia, copious tamponade, and difficult hernia repair.
10. Avitaminosis.
11. Hypoproteinemia.
12. Severe abdominal distention.

COMMENTS

We feel that early ambulation is not the entire answer to pulmonary and embolic phenomena, since in our series we have experienced three cases of pulmonary emboli, two cases of thrombophlebitis, and one case of phlebo-thrombosis, along with two cases of atelectasis. From our clinical observation we find that the patients' morale and mental outlook are greatly enhanced by their ability to walk about and take care of their toilet. It is also felt that absolute bed rest is no longer a dictum for good wound healing in the surgical patient, especially since Newburger[4] and Kimbarovsky (cited by Leithauser[6]) have shown in experimental animals that activity rather than immobilization increased wound healing. We allowed only certain indirect inguinal hernias up early and no direct hernias when the study began. However, since the report of Blodgett[12], who showed a lower incidence of recurrence of direct hernias in early risers than non-early risers, we have allowed selected direct hernias to arise early, with no recurrence to date. By the term Early Ambulation we mean that the patient is actually walking and not merely out of bed, sitting in a chair. Early ambulation should not be an overall procedure for all post-operative patients, but rather selected for those who manifest none of the above mentioned contra-indications.

SUMMARY

1. One hundred patients are reviewed with an average age of 41.95 years, who had major surgical procedures performed upon them and who arose and walked no later than the 3rd post-operative day.

2. The average day of ambulation was 2.32 days.

3. The average maximum temperature in the uncomplicated case was 100.8°, reached on the 1.3 day and returned to normal on the 3.56 day.

4. The hospital stay of the uncomplicated cases was 9.52 days.

5. Seventeen patients required a total of 23 post-operative catherizations.

6. Six patients had pulmonary or vascular complications with recovery.

7. Catgut sutures are not a contra-indication for early ambulation.

8. There were no deaths nor wound disruptions.

9. Pulmonary or vascular complications are not prevented by early ambulation but in our opinion are reduced.

10. Early ambulation in selected cases judiciously supervised has certain advantages.

30 N. Michigan Ave.

BIBLIOGRAPHY

1. Leithauser, D. J., and Bergo, H. L.: Early Rising and Ambulatory Activity after Operation. Arch. Surg., 42: 1086-1093, June, 1941.
2. Ries, E. J.: Some Radical Changes in the After Treatment of Celiotomy Cases. J. A. M. A., 33: 454-456, 1899.
3. Haggard, W. D.: Surgeon of the Wilderness: Ephraim McDowell. S. G. O., 58: 415, 1934.
4. Newburger, B.: Postoperative care: Early Walking; Influence of Exercise on Wound Healing in Rats. Surgery, 13: 692-695, May, 1943.
5. Nixon, J. W.: Early Postoperative Walking. South. Med. J., 37: 682-687, Dec., 1944.
6. Leithauser, D. J.: Confinement to Bed for Only Twenty-four Hours after Operation. Arch. Surg., 47: 203-215, Aug., 1943.
7. Schafer, P. W., and Dragstedt, L. R.: "Early Rising," following Major Surgical Operations. Surgery, Gynec. & Obst., 81: 93-97, July, 1945.
8. Burch, J. C., and Fisher, H. C.: Early Ambulation in Abdominal Surgery, Ann. Surg., 124: 791-98, Oct., 1946.
9. Canavarro, K.: A Review of 401 Cases of Early Ambulation. Bull. N. Y. Acad. Med., 22: 264-269, May, 1946.
10. Canavarro, K.: Early Postoperative Ambulation. Ann. Surg., 124: 180-181, Aug., 1946.
11. Mendelsohn, S. N.: Early Walking after Major Gynecologic Surgery. Am. J. Surg., LXXI, 614-619, May, 1946.
12. Blodgett, James B., and Beattie, Edward J.: The Effect of Early Postoperative Rising on the Recurrence Rate of Hernia. S. G. O., 84: No. 4A, 716-718, Apr. 15, 1947.

MENTAL ASPECTS OF GROWTH AND HEALTH

BERT I. BEVERLY, M.D.
CHICAGO

Mental health in an adult is the culmination of normal growth and development, especially normal emotional growth; mental ill health is usually the result of the failure of this process. That is one of the many reasons why the subject of growth and development is receiving an increasing amount of attention in the fields of pediatrics, education and public health.

Pediatricians, psychologists and progressive educators are concerned primarily with studying and measuring mental growth; psychiatrists examine the process in order to discover the origin of the mental ill health of their patients. Authorities in all of these branches of study generally agree that mental health or ill health, as the case may be, is largely determined in childhood. It is their conclusion that the innate patterns of physical and emotional growth cannot be greatly altered but that they can be prevented from reaching their full development. This is particularly true of emotional development. It can be seriously impeded and when this occurs, that is, when something arrests or distorts emotional growth, the result is mental ill health. Also when problems become too difficult there is often a regression to a less mature level.

Life is a growth process. A human being comes into existence through the union of two cells which rapidly increase until there are 6 billion. It is possible to study the individual in relation to those factors which pertain specifically to him; but he cannot be dissociated from the whole growth process of which he is a part. We know that "every human being and his whole existence are a link in the long chain of historical evolution, a part of the eternal life stream. In this type of experience, existence is no longer defined by the personal past; instead the impersonal past creates for the individual experience a timeless background a perspective of 'eternity' and 'immortality.'"[1] From this point of view, the infant at birth is not a new creature but a very old one. In the words of Aldrich, "each new-born is actually a living replica of the individual that came into the light of day before the dawn of civilization."[2] Through his behavior this individual reveals the patterns which were developed by the countless generations of his ancestors and are destined to pass on to untold future generations.

His heritage is both physical and mental, and to a great extent, unalterable. One infant, for example, who is small at birth, will probably be a small child, because his parents are small, and will, in turn, be a small man, even though he receives every environmental advantage. Another child, who was large in infancy, becomes a large child and a large man, even though he failed to receive care which reached accepted standards of nutrition. The child's level of intelligence, likewise, is predetermined. If it is high at birth it will be high in adulthood; if low at birth, it will be low in adulthood, regardless of the amount or quality of training the child may receive. Similarly, an individual is born with special aptitudes and special handicaps. He may have a sense of rhythm, good motor coordination, and artistic talents or he may be clumsy, lacking in musical ability or visual word memory. Such characteristics are present at birth and remain without change throughout the life of the individual.

Emotional qualities also are innate but these are not immutable. In the case of an individual who develops normally the same emotional characteristics which he manifested during infancy will continue into adulthood. These qualities, however, unlike his mental capacity and special abilities, can be altered by an interruption of the growth process.

Individual differences in emotional response appear almost at once in any group of infants. When babies are only a few days old they will show a wide variety of reactions to loud noises, the fear of falling or interference with their nursing. One infant may react violently, when, for example, someone turns his head away from the breast. His muscles will become tense; he will cry loudly and refuse to return to the breast. Another baby may make a loud protest and vigorously resume his nursing as soon as the restraint is removed. One may cry less vociferously and nurse again after a short de-

Presented before section on Public Health and Hygiene, Ill. State Med. Soc., Chicago, Ill., May 12-14, 1947

lay, while the next may offer only a mild protest. These temperamental differences have not been followed in a number of individuals sufficient to justify positive conclusions, but evidence seems to indicate that the degree of intensity of emotional response is constant throughout life. Certainly it is important to know that there are individual differences. Those persons who have the care of a child should recognize his characteristic responses to various stimuli in order to formulate a suitable program of general care and discipline.

The various patterns which make up a personality are unfolded by means of that lifetime storage battery of growth energy with which each individual is endowed. This force, which we call vitality, is transformed into aggressiveness and is normally constructive and capable of producing optimum growth. Individuals, however, do not possess it in equal amounts. One may have a superabundance which is capable of supporting great activity over a long life span; another may have only enough to maintain a moderate activity for a relatively short period.

We know that the growth of the individual comes from within. No one can add to a child's stature by stretching him, increase his mental capacity by force-feeding knowledge, or improve his personality by coercion. Nature has provided the only force which produces and sustains growth. All that we can do to insure a child's healthy development is to make sure that the growth force does not lack nourishment. If we supply what the child needs for physical and mental growth he responds with physical and mental development and arrives at emotional maturity. Unfortunately, however, we can affect the child's development in a negative, injurious manner. That is, if we fail to supply his growth needs we may alter his frame and distort, even stunt, his mind.

There is an established sequence in mental as well as physical growth changes. Embryologically every live cell and every muscle fiber appeared and grew at its appointed time. So also behavior changes follow nature's time table. A child does not walk before he can sit up or talk in sentences before he can say words. These steps in the growth process occur in the same order in all individuals. They vary in time and degree only.

Some individuals grow more rapidly than others, but each has his own established rate. Here again, any change which we have the power to effect is for evil rather than for good. That is to say, we cannot appreciably increase the rate at which the child grows but by faulty management we can retard it. Our function, then, is not to attempt to alter the fundamental characteristics of the child but to help him to grow normally in his own way.

When we say that each child has his individual rate of growth this does not mean an equal development of all aspects of his being. His body may develop more rapidly than his mind or the other way around. For example, it is possible for a boy whose chronological age is seven to have the physical growth of the average eight year old, the intellectual capacity of a child of nine, and the emotional development of one who is only six. In order to determine what to expect of a youngster it is necessary to know not only his chronological age but also his level of physical and intellectual and emotional development. During his adolescence one should know also his physiological age (degure of maturation).

The problem in the care of the child from the point of view of mental health, then, is to recognize and respect his inborn characteristics and the rate at which they develop in him, and to satisfy his growth needs in order that he may reach his fullest capabilities. In the infant the growth needs are simple and he has at birth various functioning mechanisms through which they can be supplied. The most vital of these are respiration, circulation, digestion, metabolism and response in terms of feeling. The new-born baby acts the way he feels. When he receives the food and attention he needs for growth, he is satisfied and happy; if he lacks the essentials for growth he reacts with fear and hate. Repetition of either set of experiences causes his response to become a habit. When satisfaction and complacency become the habitual response, the child develops self-confidence and self-reliance, his growth energy is channeled into constructive aggressiveness, and he has the pleasure of knowing that he is useful. On the other

hand, when the child's habits of response are formed in terms of fear and resentment, they lead to frustration, destructive aggressiveness, lack of self-confidence and self-reliance, and later stunt emotional growth and lead to a sense of guilt. The former habit patterns form the basis for mental health, the latter, for mental ill health. Since habit formation begins at birth, the younger the individual, the more important it is to supply his growth needs and keep him on the path which leads to mental health.

This means recognizing and respecting a child's individual qualities which, at first, are manifested in little more than a characteristic rhythm of sleeping and waking. The child will sleep until his growth needs cause him to wake and cry. After he has received an adequate amount of food, has been fondled and made comfortable, he will go back to sleep. Most babies have a fairly regular rhythm of waking and sleeping and this should determine the feeding schedule which will probably be set at about two, three, three and a half or four hour intervals.

As the child grows, his needs increase and change. Growth needs are now well known. For bodily growth, an individual requires adequate food and physical care. For mental growth he needs security; an opportunity to grow according to his innate pattern and to take responsibility appropriate to his age and ability; and finally, freedom from standards of behavior beyond his developmental level.

Of these thing which are essential to mental health the most important is security, the sense of being wanted and accepted as is. Some babies are not wanted and even when the parents attempt to suppress their feelings this circumstance produces an unfavorable reaction in the child. Similar differences are created by parents who are unwilling to accept the baby because, perhaps, he has characteristics which they do not like or because he is a reflection and reminder of problems in their own minds. The child who is wanted and accepted responds with satisfaction and complacency. The child who is not wanted or accepted develops irrational fears and resentments. The one has received the primary essential for mental health; the other has the groundwork for a later neurosis.

Given the infant who is wanted and loved and supplied with the elements he needs for growth, the next step is — to let him grow. In other words, parents should couple their love with patience and temper their ambition with realism. They cannot know and science cannot reveal to them what proclivities lie hidden in the infant. Only the gradual unfolding of his mental patterns will tell whether the child has a mechanical or an academic type of mind; whether he will be an athlete, and artist, a musician, or just an average individual with no outstanding abilities. If the parents are wise, they will not try to impose their wishes on the child but will wait to see where his abilities lie and help him to develop them whatever they may be. By so doing they will help him to achieve maximum growth and the best adjustment. On the other hand, parents who are determined to make an artist out of a mechanic will probably get neither, because their efforts will serve chiefly to hinder the child's mental growth in every direction.

Similarly, attempts to force behavior on children before they are ready, end not only in failure but also in the impairment of mental health. Children like to take responsibility when they have grown enough to do so. If they are permitted to assume those responsibilities of which they are capable, they will gain self-confidence and derive satisfaction. Attempts to hurry them, however, to force upon them behavior for which they are not yet sufficiently developed, will inevitably interfere with normal growth and impair mental health. Toilet habits afford a good illustration of this point. With very little guidance from parents, children from twelve to eighteen months will accept responsibility for toilet habits. If a mother has trouble in toilet training it is usually because she began when her baby was too young. Often she has frightened the baby or, perhaps, has used too much force. Children stop wetting the bed at night when they are ready, and not before.

Setting standards of behavior which are in advance of the child's ability to accept them, is the most common error in the rearing of chil-

dren. An infant cannot suecessfully behave like a child or a child like an adult however much the parents may try to force him to do so. All children will meet adult standards of beents have behaved like grown ups.

REFERENCES

1. Deutsch, Helen, M.D. The Psychology of Women. Vol. II. Green and Stratton
2. Aldrich, C. Anderson, author with Mary M. Aldrich, of Babies are Human Beings. MacMillan

THE DIAGNOSIS OF PULMONARY TUBERCULOSIS

GEORGE H. VERNON, M.D.
SPRINGFIELD

The control of pulmonary tuberculosis depends on the early diagnosis, isolation and treatment of the aetive cases. Nothing has been added to our knowledge in recent years to change this fundamental fact. Most of what has been said and written about symptoms and findings applies only to the advanced stages. The most valuable diagnosis is one which is made carly. Beginning tuberculosis has no characteristic symptoms and no significant physieal findings. X-ray examination is necessary for its detection.

It is important to place pulmonary tuberculosis near the top of the list of diagnostic possibilities in cases giving a history of nervousness, digestive disturbance, loss of weight, productive cough, and pulmonary hemorrhage. When the disease is accompanied by such symptoms it is usually easy to find tubercle bacilli in the sputum and chest films show extensive infiltration and cavitation. Such cases still make up a large majority of those admitted for sanatorium treatment. They take up most of the time and interest of the sanatorium physician. Extensive surgical proeedures are frequently required for permanent arrest of the infection. Treatment periods run to two and three years with significant mortality rates. The patient with arrested advanced disease is a handicapped individual whose rehabilitation offers further problems. Reactivation of the infection in later years occurs with disappointing frequency. Everyone around such a patient has been showered with tubercle bacilli for weeks or months. The disease perpetuates itself in this way.

The early case offers a pleasant contrast to the above picture. There has been little opportunity for spread of infection and arrest of the disease can be achieved much more frequently with shorter periods of treatment. When collapse therapy is necessary the simpler proeedures are usually sufficient. The residual handicap is slight and recurrence of active disease in later life is exceptional.

It is therefore of basic importance in the diagnosis of pulmonary tuberculosis to find it in the early stages. There have been many reasons for failure in early diagnosis in the past. Probably the most serious errors have resulted from not thinking of tuberculosis at all. A surprising number of physicians openly express a lack of interest in the disease. It would be natural if these men had a low index of suspicion of its presence. It is not unusual for the first search for tuberculosis to be made at the suggestion, or even at the insistence, of the patient. Symptoms may have been present for months or years. At other times tuberculosis may have an acute onset. The patient is apparently well and advanced disease is discovered within a few weeks of the first symptoms.

However, the majority of cases of pulmonary tuberculosis develop slowly. Symptoms are absent or so slight that the patient considers himself entirely well. Such individuals seldom go to a doctor and their examination must be brought about by education and community endeavor. It is only when patients seek medical advice that the diagnosis of pulmonary tuberculosis becomes a direct professional responsibility. There is only one way in which this responsibility can be met. The possibility of tuberculosis must be considered in every patient who consults a physician. The private physician has been a leader in tuberculosis case finding in the past. Routine methods will be required to maintain this position in the face of the decreasing morbidity of the disease.

Misplaced confidence in physical examination is another common cause for delay in the discovery of pulmonary tuberculosis. Too much stress cannot be placed on the limitations of physical diagnosis. In almost every case of early or latent pulmonary disease, percussion and aus-

Presented before the General Assembly, 107th Annual Meeting, Illinois State Medical Society, Chicago, May 14, 1947.

cultation are so inadequate as to be practically a waste of time. This fact may be accepted with reluctance because of the amount of stress placed on these subjects in medical training. Doctors continue to express surprise at the extent of pulmonary lesions as shown by x-ray examination. Pulmonary disease discovered accidentally, in the absence of physical findings, is considered to be exceptional. It is nevértheless true that most minimal and many advanced cases of active pulmonary tuberculosis would easily pass careful physical examination.

The problem is to sift out the few active cases without depending on much help from symptoms and physical findings. There are two valuable screening methods at our disposal. These are the tuberculin test and the x-ray examination of the chest. Both have good points and either will produce desirable results. The important thing is that at least one or the other be used routinely.

The chest film appeals to the majority of doctors. It reveals cardiac and other pulmonary abnormalities and the result is available promptly. These advantages have led to the present campaign for x-ray examination of all hospital admissions.

In office practice, the average patient does not have easy direct access to x-ray facilities. Here the tuberculin test is very helpful. Time is a factor and doctors are busy. Tuberculin skin testing, when included in an office routine, takes very little time. A positive reaction indicates previous exposure to tuberculosis. Positive reactors are usually anxious to proceed with x-ray examination. This service is available in most communities in the tuberculosis clinic.

The patients with suspicious x-ray shadows are found by these screening methods. Evaluation of the film findings in each instance requires a complete history and careful clinical study. A tuberculin test should be one of the first steps if it has not already been done. For practical purposes a negative tuberculin reaction rules out active tuberculosis. This implies repeated tests with adequate dosage in questionable cases.

It is necessary not only to determine the presence of tuberculosis, but also the degree of activity of the lesion. Recovery of tubercle bacilli from pulmonary secretions gives absolute proof of active disease. Culture or guinea pig inoculation of one or more fasting gastric specimens may be required in the absence of a productive cough. Occasionally the diagnosis of active pulmonary tuberculosis needs to be made without this conclusive evidence. Serial chest films are always more helpful than the findings of any single examination. An unstable tuberculous lesion, even though retrogressive, must be considered active.

It is beyond the scope of this presentation to go into the details of interpretation of chest films and of differential diagnosis of pulmonary diseases. We are convinced that tuberculosis case finding would make a great stride forward if more physicians would think of the disease and suspect it always. The saddest mistakes have not resulted from failing to find tuberculosis, but from having waited so long to look for it. The doctor who becomes sufficiently interested to consider tuberculosis routinely will have little difficulty in the diagnosis of most of the active cases.

The search for pulmonary tuberculosis has become more and more an x-ray project. It has been greatly stimulated by the practical application of small film photofluorography. This trend will probably continue with community and industrial surveys and with the study of hospital admissions. Regardless of our particular medical interest, we will all be having these chest x-ray problems brought to our attention. Tuberculosis will be outnumbered by other abnormalities of the lungs, mediastinum and cardiovascular system. More frequent opportunities will be available for early diagnosis of malignant tumors, especially bronchogenic carcinoma. Here, everything depends on prompt referral for surgical exploration and resection.

While stressing the importance of x-ray examination we should also recognize its limitations. The first requirement is that adequate technical factors be used and that the film be processed with care. X-ray impressions reflect the training and experience of the clinician. Such impressions should not be considered diagnostic without clinical confirmation. A variety of conditions may give identical x-ray shadows. Final diagnosis requires knowledge of the history and other clinical findings. No single method of examination will tell us which patients have pulmonary tuberculosis. Evaluation of activity of tuberculous lesions may also

be difficult. The two most helpful procedures are serial chest films and culture or guinea pig inoculation of fasting gastric specimens. The passage of time may change conclusions which have been reached after months of observation and study.

There is another important way in which the physician can contribute to the diagnosis of pulmonary tuberculosis. As a citizen of the community, he has a personal interest in efforts to search out the disease. The examination of any significant number of apparently well people for any purpose requires cooperation and education. The doctor is in a particularly influential position to encourage such community efforts and his cooperation is essential to their success.

In conclusion, the most important factors in the diagnosis of pulmonary tuberculosis may be summarized briefly. The possibility of tuberculosis should be considered in every patient who consults a physician. The most helpful diagnostic procedures are the tuberculin test and the x-ray examination. Search for the disease must be routine because there are usually no symptoms in the early stages. Every office patient should have a tuberculin test. Every hospital patient should have a chest x-ray film. No examination of the chest is adequate without x-ray study. In routine use these procedures require a minimum of time. The physician should also encourage and cooperate in community surveys. These measures favor early diagnosis and eventual eradication of tuberculosis.

Palmer Sanatorium

OBSERVATIONS ON FRACTURE TREATMENT

HAROLD A. SOFIELD, M.D.
CHICAGO

The greatest error that our generation can make in regard to advancement in fracture treatment is to neglect the lessons to be learned from experiences of the last war. Never in history has there been such a vast concentration of fractures available for treatment and study. In civilian life we regard a 500 bed hospital as quite an institution — in the war a 5000 bed military hospital was paid the same regard and there were more than a hundred hospitals of 1000 and 2000 beds. These hospitals, in general, were well staffed with men skilled in the management of fractures, the equipment was on a par with the finest of civilian institutions and the hospital records on the whole are more complete than those found in civilian hospitals. Follow-up studies over periods of months and years are much more feasible in military personnel than in civilians because many military fracture cases are drawing disability payments and can be reexamined periodically in various veterans hospitals where at the present time fracture specialists are working. We must continue to extract the truth from this vast reservoir of experience or we will have failed in the greatest opportunity our generation is apt to have presented to it. The lessons we have already learned pushed forward at an accelerated pace and fracture books written before the war are now sadly in need of revision. Methods of fracture care which seem adequate in the experience of 20 or 50 cases frequently are found wanting when analyzed in a series of 1000 or more cases and it is only by analysis of large groups of cases that significant observations can be made. The second important study is that of long time follow-up. We must know what methods give the best results five, ten or twenty years later on large series of cases. This follow-up study is gradually getting under way now and will be carried out by men selected in different parts of the country. As the various studies are made the results will be released and should be of considerable importance in guiding our future methods of fracture management. We have the opportunity of putting fracture care on a more scientific basis than ever before in history and we must not fail.

Some of the things learned from observation of great numbers of cases and many methods of handling fractures are listed below.

1. The fundamentals of fracture treatment are either not commonly known or are too frequently disregarded. This is primarily a fault in our teaching of fractures and should be remedied. The anatomy, physiology and pathology of fractures and the relationship of a fractured bone to the physiology of the entire body are to many unknown entities. Until one understands that the broken bone is only one part of the in-

Associate Professor of Bone and Joint Surgery, Northwestern University Medical School.

Read before General Assembly, Illinois State Medical Society, Chicago, May 14, 1947.

jury that must be treated he is not qualified to work with fractures.

2. Apparently the temptation to use metallic gadgets of various sorts is overpowering to the majority of surgeons. The multitude of plates, screws, rods, transfixation apparatus, pins, bolts and wire available for fracture work must have a great fascination. Some surgeons feel that they have not properly impressed the patient or their colleagues with their remarkable skill unless they screw a plate on a fracture or at least drive in a few screws or pins. True enough, such procedures do make the case seem more serious but the unfortunate part of the picture is that the case is really made more serious the more foreign material that is added. There is a definite place for screws, plates, etc., but the most skillful and most intelligent fracture surgeon is the one who uses the fewest relative numbers of these foreign substances. Mass statistics definitely show that the incidence of infection and bad results is in direct relationship to the open versus the closed methods of fracture treatment. Restrict the use of tempting gadgets to those cases where necessity demands their use. The most wonderful machine ever made for handling fractures is a good pair of hands and no better machine will ever be invented.

3. Physiotherapy frequently does more harm than good. This is not because it is bad in itself but because it is so frequently mishandled and misdirected. The most common error is in delay in initiating skillful, gentle physiotherapy. The present tendency is too often to wait until the joint is quite stiff and then initiate physiotherapy in an effort to loosen it up again. Rough manipulations of stiff joints or manipulations done under anesthesia so commonly result in additional stiffening that one wonders if the few cases that do loosen following such treatment improve because of the treatment or rather in spite of it. Passive motion should never be the main emphasis in physiotherapy. The good physiotherapist or surgeon directs the individual to gradually increase his own active motion so that the patient's muscle power does the work, not the muscle power of the assistant.

4. The abuse of bed rest is never more serious than in the treatment of fractures. Doctor Howard Rusk, while in the Army, did some most enlightening experiments. He took a series of cases with fractures of the tibia and fibula and divided them into two groups. One group after casting was permitted to lie around in bed in the customary hospital manner; the other group after casting was put through a set of exercises in bed several times daily. When the casts were removed from both groups it was found that the exercised group had practically no atrophy of the casted legs and became ambulatory in a much shorter time than did the unexercised group. Even though the casted leg on the exercised group received no exercise the maintenance of body tone and muscle strength in other parts of the body preserved the tone and strength in the casted leg. No fracture case should be kept in bed a single day longer than necessary and when confined to bed because of traction or other apparatus specific exercises gradually increasing in effort output should be instituted and performed several times daily regardless of age. With this regime in civilian practice we have seen elderly patients confined because of traction treatment actually come out of bed more vigorous than before they suffered their injuries. Needless to state the incidence of pulmonary and other complications is strikingly reduced by such exercises.

5. The necessity for organization of a splint room under strict supervision is not only desirable but necessary for good fracture treatment. Nothing is more discouraging than to attempt to rig up a Thomas splint traction in a hospital that lacks such a supervised room. One wanders all over the hospital picking up a variety of weights in one place, a dirty, ill fitting Thomas splint in the basement, perhaps some moleskin tape from the operating room, an elastic bandage from the emergency room and a number of ill-matched parts of a fracture frame for the bed. Bits of sashcord are tied together in an effort to keep the knots from binding in the pulleys, provided one can find enough pulleys to complete the puzzle. When finally installed the apparatus is certainly no credit to the surgeon or the hospital and because of its makeshift construction frequently does the patient little good. Putting fracture apparatus in a closet seldom does any good because it has to be all hauled out each time to get at the necessary piece on the bottom and gets all mixed up and then the vital parts disappear. Only a locked room, with one hospital employee made responsible for seeing that

the apparatus is clean and properly hung up, and that the inventory of parts is always up to date can answer the need. Such an organization not only pays off in good work but also in good nature.

6. No adequate substitute has as yet been found to take the place of good plaster of paris bandages. There are certain limited uses of popularly advertised cellulose acetate and other materials for casting but all have some dangers and none are as fast and as adaptable as plaster bandages. None of the large orthopaedic institutions show any signs of discarding the general use of plaster in favor of the newer materials and most of the hospitals have tried the more recent inventions. Learn to use good plaster bandages well and they will answer 95% of the requirements for casting.

7. One mistake that is frequently made in interpreting fractures occurring near joints in children is due to the confusion with epiphyseal lines. Few fracture surgeons, unless they are working predominantly with children, are familiar with the exact appearance of epiphyseal lines and their times of closure. Injuries near these lines cause some confusion and interpretation of x-rays is frequently mistaken. Fortunately nature made most of us more or less bilaterally symmetrical and one of the most simple methods of properly evaluating such injuries near joints in children is to have the opposite extremity, if perchance it is uninjured, x-rayed so that comparison can be made. Often this simple expedient is not used and serious errors that could be avoided are promulgated.

8. Compound fractures are emergencies. The principal reason that our war record for the relatively low incidence of infection in compound fractures after a good regime of treatment was established as the war went on is because such fractures were treated as emergencies and were handled with proper surgical technique. The use of the sulfa drugs and penicillin was of valuable assistance but in no way did these drugs take the place of good surgery done early. There can never be a substitute for adequate surgery in the treatment of compound fractures. Early, adequate debridement done under strict conditions of asepsis with due regard to the general physical condition of the patient and followed up by adequate splinting of the part means the difference between success or failure. Most of literature on the treatment of compound fractures even now is being written by surgeons who were civilians during the past war and who if they personally treat 30 compound fractures in the early stages per year have enormous series. These surgeons frequently condone the use of primary metal fixation in such treatment and in their limited experiences have had few disastrous results. Many of the military surgeons had, of necessity, to operate 30 to 50 compound fractures per week, week after week. Such cases in the later part of the war were carefully followed in large series and accurate figures are available as to the results obtained with primary internal fixation. All the facts show that primary internal metallic fixation in compound fractures should be avoided if at all possible and it is practically always possible. Many of these military surgeons were working under ideal conditions of asepsis and many were skilled fracture surgeons drawn from faculties of leading medical schools. The percentage of infection was too great to warrant the risk. The results of internal fixation, following delayed closure, secondary closure or primary closure, or, in any event, after the compound fracture has been converted into a simple fracture are much more encouraging. The urgency of operating upon a compound fracture is just as great as the necessity of doing a "red hot" appendectomy. The surgeon, if called at night, should attend immediately and if at all possible every half hour should be saved. Time is of the utmost importance even though we now do debridements many hours after what used to be termed the "golden hours."

These few general observations on fracture treatment as presented to members of the Illinois State Medical Society might well be supplemented with one local observation, namely, that the present arbitrary conduct of many of the Accident Insurance Companies functioning in our State is fostering poor fracture treatment and resentment among the injured employees and the surgeons. The high handed methods of setting ridiculously low fees, such as a dollar and a half for office calls and $25 to $50 for complicated fractures engenders poor surgery and bad feelings. If such arbitrary manipulation of pro-

fessional work and of fees by prominent insurance companies is any foretaste of governmental medical control, for the sake of good professional treatment of the patient, we would do well to fight both.

6 North Michigan Avenue

INDICATIONS FOR LUMBAR SYMPATHECTOMY

Geza de Takats, M.D., M.S., F.A.C.S.
CHICAGO

Lumbar sympathectomy has become a standardized surgical procedure carried out with ease in any well organized surgical service. While it needs some special equipment and study the operation is long past the experimental stage and is performed routinely in our vascular surgical units in the average of 20-25 times a month. The technique has been described previously in detail[1] and consists of an anterolateral, muscle-splitting, extraperitoneal approach, done under spinal anesthesia in from 25-30 minutes with an average hospital stay of one week. Should a bilateral procedure be necessary, this is never done in one stage but may follow the first one in from 5 to 7 days.

GENERAL CONSIDERATIONS

The removal of the lumbar sympathetic chain frees the corresponding extremity from fluctuations of vasomotor tone. This occurs to a considerable extent under the influence of emotion, low environmental temperature and erect posture. While the lower extremities can readily tolerate such fluctuations when circulation is intact, an extremity with a small basal inflow of blood will be greatly benefited when such vasospastic influences are excluded. There are certain diseases such as Buerger's disease, in which a continuous reflex vasospasm is maintained, originating from the diseased arterial segments. We have not felt the need for sympathectomies in chronic deep venous thrombosis because the fixed hard fibrosis of the tissues will hardly respond to denervation in a manner in which the acute thrombophelbitic edema does to the procaine injection.

Since the lumbar chain is easily accessable to infiltration with procaine, a paravertable sympathetic block should be done before sympathectomy and its effect observed on skin-temperature, on walking ability and on venous filling time. Such a preliminary study will give the surgeon an idea of the capacity of the terminal vascular bed to dilate but it must be remembered that the procaine block is never equivalent to a sympathectomy.

What concerns us here and what is the most important consideration for the success of the operation is the proper case selection. In this brief summary, I shall list our indications as they have been gradually developed in our clinics.

TYPES OF VASCULAR DISEASE SUITABLE FOR SYMPATHECTOMY

In *congenital vascular anomalies* one is often forced to tie a large number of blood-vessels, arterial venous or non-differentiated. Since this procedure, even if carried out in multiple stages may impair circulation, often to a point of gangrene, it is advisable to do a preliminary sympathetic ganglionectomy. In this group, just as in the *acquired arterial and arterio-venous aneurysms,* one should always perform a lumbar sympathectomy first since the protective value of the operation has become quite obvious. Popliteal aneurysms of sclerotic patients can be obliterated more safely. Even in the *traumatic arterio-venous fistulae* of young people, where collateral circulation is said to be abundant, an excision of such fistulae may leave a cold pulseless extremity which is much improved after sympathectomy. If possible of course, arterial continuity should be restored but this has often not been possible in the group seen at the Veterans Hospital. Even years after aneurysmal repair, the extremity may be improved by sympathectomy.

In the late stages of *frostbite, immersion limb, trench foot* there is often demonstrable vasospasm, cyanosis and hyperhydrosis; also small patches of gangrene may be seen which do not seem to demarcate and fall off spontaneously. In the above-mentioned situation, lumbar sympathectomy will result in a warm dry foot, the blisters and the ringworm infection clear up rapidly and the sensitivity to cold disappears. However, a large group of patients suffer from a *neuropathy* due to chilling with burning paresthesia or numbness in the soles of the feet and such patients do not benefit from sympathetic

From the Department of Surgery, University of Illinois, College of Medicine and St. Luke's Hospital, Chicago.

Presented before Section on Surgery, Ill. State Med. Soc., 107th Annual Meeting, Chicago, May 13, 1947.

denervation. In fact, this group and a large group of psychoneurotics who may have had exposure to cold may exhibit an aggravation of symptoms and should not be operated upon.

In *causalgic states*[2] which follow comparatively minor battle or industrial injuries, sympathectomy offers specific relief from pain provided the operation is done within a few weeks or months following the injury and if purely functional states and anxiety neurosis are excluded. In addition to a preliminary nerve-block with procaine, sham-tests with normal salt solution are useful since sometimes a spectacular relief of pain will occur when the sympathetics are not blocked with procaine. This group together with the one closely related to it, namely that of post-traumatic vasospasm, can be treated with repeated paravertebral blocks, but if these fail, no time should be lost in doing a sympathectomy. Sympathetic denervation will relieve the pain but can not mobilize contracted joints, short tendons or atrophic musculature.

In *Raynaud's phenomena,* one seldom needs to resort to lumbar sympathectomy since primarily the hands seem to be affected; however, in severe vasospastic phenomena, which gradually lead to trophic changes, lumbar sympathectomy should not be delayed. Dorsal symphathectomy for the upper extremities is of course, much more often undertaken. In hypertensive patients undergoing splanchnic nerve section, Raynaud's phenomena may occur after operation, unless the lumbar chain is also removed. Lumbar sympathectomy is an integral part of the dorsolumbar procedure our clinic performs for the treatment of essential hypertension.

Acrocyanosis, in contrast to Raynaud's phenoma, shows an even purplish-red discoloration and not a triphasic color-change. It may be due to cold-agglutination of red-cells, to toxic substances, but if these are not found, lumbar sympathectomy will relieve the pain and numbness of the exremities. *Hyperhydrosis,* often associated with acrocyanosis will be readily relieved by sympathectomy. However, never more than two extremities should be denervated in diffuse hyperhydrosis, since excessive sweating will continue and be exaggerated in the non-denervated areas. Usually the hands are more in need of denervation than the feet unless the latter are the seat of intractable ringworm infection and eczema. Drying the feet as a result of sympathectomy, readily clears the skin of superimposed skin-infection, maceration and bad odor.

In *livido reticularis,* a peculiar mottling of the skin in dependent areas, sympathectomy may produce a fading of this pattern, but does not abolish it. Since pain or ulceration may accompany this lesion, lumbar sympathectomy is useful in the advanced cases but should not be undertaken for cosmetic results.

In *Buerger's disease*[3] lumbar sympathectomy is of great benefit provided it is undertaken in an arrested phase of the disease. When the disease is acute, measures such as abstinence from tobacco, high water and salt intake, a series of injections of typhoid vaccine or sodium tetrathionate are used until the lesion is in a quiescent stage. At this point, sympathectomy reduces reflex vasospasm, enlarges the collateral bed and relieves the crippled circulation from fluctuations of vasomotor tone. Lumbar sympathectomy may have to be done in combination with toe-amputations, or leg-amputations, to lower the level of adepuate circulation in the affected limb. Just as in arteriosclerosis, a toe-amputation or an amputation six inches below the knee may not heal satisfactorily unless aided by a sympathectomy.

Arterial embolism. Patients may survive an arterial embolus to the femoral artery without gangrene especially if treated by emergency measures of heparin, papaverine and sympathetic block. But the post-embolic ischemia results in a cold, atrophic painful limb which can be improved by sympathectomy, if the patient's general cardiovascular status permits.

Peripheral vascular sclerosis[4] in the lower extremities responds favorably to sympathectomy provided the terminal arteriolar bed is intact, if the sclerosis is not too advanced in visceral organs and if paravertebral block shows good response in regard to rise in skin-temperatures or increase in walking ability. Here again amputations may be performed at levels which were hitherto not thought to be advisable if they are preceded preferably at the same time by a sympathectomy.

SUMMARY

The indications for lumbar sympathectomy were discussed. Such operations free the extremity of fluctuations of vasomotor tonus and are

useful in lesions such as, congenital vascular anomalies, arterial and arterio venous aneurysms, exposures to the effect of cold, causalgic states, Raynaud's phenomena, acrocyanosis, hyperhydrosis, livido reticularis, Beurger's disease, arterial embolism and peripheral vascular sclerosis.

122 South Michigan Avenue

BIBLIOGRAPHY

1. de Takats, G.: The technic of lumbar sympathectomy. Surg. Clin. of N. America. February 1946, Chicago Number.
2. de Takats, G.: Causalgic states in peace and war. J. A. M. A. 128: 699, July, 1945.
3. de Takats, G.: The value of lumbar sympathectomy in the treatment of Beurger's disease. Surg. Gyn. and Obstr. 79: 359, October, 1944.
4. de Takats, G. and Evoy, M. H.: Sympathectomy for peripheral vascular sclerosis. J. A. M. A. 133: 441, February 1947.

AMBULATORY ELECTRIC SHOCK THERAPY IN AN OUT-PATIENT CLINIC

H. Roy Johnson, M.D.

CHICAGO

The Chicago Community Clinic has grown in the past few years from a unit that offered only post hospital follow-up care to conditionally discharged mental hospital patients to an out-patient service that offers psychiatric help to the community as a whole. The psychiatric service given today consists of psychotherapy, brief psycho-analysis when possible, supportive therapy, routine custodial care and social service care. The clinic sees approximately 1600 patients in an active capacity throughout the year and in addition, we are gradually increasing our community load with the cooperation of the many local welfare agencies. It has been the primary aim of the clinic and one of its important functions to keep the patients from being returned to the hospital whenever possible by whatever therapeutic means at our disposal.

To further accomplish this aim, it was decided in the past year to initiate the use of ambulatory electric shock therapy. Of course, there is more selectivity to be exercised in the choice of patients suitable for ambulatory shock therapy in comparison to those hospitalized. The patient must not exhibit any anti-social tendencies, must be cooperative, show no fear of the therapy and be one who is usually anxious to accept ambulatory shock therapy in preference to being hospitalized. It is also necessary that there be complete cooperation between the relatives, the patient, and the psychiatrist. The procedure followed has been that if after an initial interview, the examining psychiatrist feels that ambulatory electric shock therapy is indicated, the patient is presented before the staff for a more thorough consideration of the necessary therapy. If the patient is acceptable for treatment, permission is obtained from the nearest relative. A physical examination is given and if the patient has had no previous electric shock therapy, or has been out of the hospital for more than 6 months, an electrocardiogram is ordered. In a period of approximately a year, 16 patients have received courses of ambulatory shock therapy at the Chicago Community Clinic. They ranged in diagnoses from involutional depression, manic depressive, paranoids and hebephrenics. In all but one of the 16 cases, we were able not only to prevent return to the hospital, but the patient was able to pursue his routine activities as far as work and recreation was concerned, if they had participated in any prior to treatment. A few cases may be cited to illustrate.

J. K., a 40 year old white male, diagnosed: Psychosis with chronic alcoholism. Patient was discharged as recovered in November of 1945. Patient's wife called for a clinic appointment July 20, 1946, at which time she stated that the patient's mood varied from depression to marked irritability. Patient stated his wife was dead and his father was Hitler. He admitted auditory hallucinations and ideas of reference. The patient had in his possession a letter from the family physician recommending hospitalization. The patient was reluctant to follow this plan and ambulatory shock treatment was suggested. On August 5, he received his first ambulatory shock treatment and subsequently was given 4 treatments at weekly intervals. After the first treatment, the wife felt that the patient was more pleasant, less argumentative, especially the first two or three days following the treatment. By the time the fourth treatment was completed, the patient's personality had so improved that during the interviews he was pleasant, cooperative and stated himself that he felt well enough to wait awhile before he wanted more treatments. It has been 8 months since the patient has been seen and his wife has made no complaints regarding patient's behavior.

Another type of case prevented from returning to the hospital was that of the deteriorated schizophrenic, of which many have been released during the past year or so because of crowded hospital conditions and where the family was

Presented before The Physicians' Association, Department of Public Welfare, State of Illinois. Annual Meeting May 12-14, 1947.

willing to keep the patient at home as long as his behavior was tolerable.

H. O., a young deteriorated white male with several hospitalizations had been attending the clinic regularly, but in July the father stated because the patient was absent from the home all hours of the day, returning late at night, dishevelled in appearance, partially clothed and refusing to cooperate with the family, he felt that he could do nothing but return him to the hospital. Electric shock therapy was recommended and he cooperated fairly well mainly because he knew it was a choice of that or being returned to the hospital. The patient's condition improved consistently, so that after 12 weekly treatments, he was discontinued from therapy and has been able to be managed at home.

Another type of case is the patient who could benefit by psychotherapy but was not accessible. M. M., a 19 year old, white female who had been adopted by her mother's sister at the age of 6. She never was told of this nor that her mother died shortly after birth in an attack of manic depressive psychosis and that the father had deserted the mother during pregnancy. At that time, in 1945, patient had her first breakdown, characterized by restlessness and suicidal tendencies, with quite a great deal of self-depreciation. Electric shock brought about a partial remission. She continued to keep away from social activities but eventually she started to return to her old self; a few months later, she became over-active, became engaged, broke the engagement, had considerable difficulty with her foster parents, particularly on the subject of going out and keeping unreasonable hours, and eventually was admitted to Manteno State Hospital in a hypo-manic state. She was conditionally discharged 6 months later without having received any shock treatment, but had apparently improved sufficiently. When first seen at the clinic in May, 1946, she was in good contact, but appeared to be perplexed, confused, and in a state of tension depression. Subsequent contacts revealed that this patient was getting progressively more depressed. However, certain features in the total picture were suggestive of a schizophrenic disturbance, but a Rorschach showed clear cut deep depressive features. Since there was no spontaneous improvement and the patient appeared to be inaccessible to psychotherapy in this state, she was given a course of six electric shock treatments on an ambulatory hasis at weekly intervals. Each time she was given an opportunity for some supportive psychotherapy. She improved rapidly particularly with regard to affect, regained her self-confidence and was capable of discussion of some of the conflictual material which centered mostly around her resentment and ill-concealed hostility against her foster parents which was quite in conflict with the obvious need for gratitude and recognition of what they had done for her. Over a period of two months, she was seen five times and on the last occasion she had just accepted employment, had her teeth fixed and to all appearances was a normal young woman of 19 who was attempting to emancipate herself from her adolescent difficulties.

Patient was seen recently again after an interval of three months, seemed to be somewhat elated, which, however, could be attributed to the fact that she had become engaged to the son of a physician who had originally certified her for commitment. It is possible that at the present time this patient might again be relapsing into a hypo-manic attack but so far she has not in any way acted out of the ordinary and her elation seems to be appropriate to the situation. Ambulatory shock treatment was used here merely to break up the inaccessibility of a very depressed person and as an adjuvant to supportive psychotherapy.

In several other of our depressed patients who were treated, no time was lost from work, except on the day therapy was given. No complications were encountered among any of the patients treated. The patients usually were able to leave the clinic 1½-2 hours after treatment.

In conclusion, although our facilities were restricted due to limited nursing personnel, it was felt that because of the success in keeping 15 out of a possible 16 patients from being hospitalized, that the use of ambulatory electric shock therapy as an adjunct to our other psychiatric services has been a valuable asset to the functions of the Chicago Community Clinic.

DISCUSSION

Dr. D. L. Steinberg, Elgin, Ill.: Mr. Chairman, I have had no experience with ambulatory electric shock therapy. However, I will be pleased to make a few remarks about this paper. I am especially pleased at the figures that were quoted that fifteen out of sixteen were prevented from returning to the hospital. It points, I believe, to something that should be a part of every institution.

There should be coordination between extramural and intramural activity and probably every institution should have within its armamentarium a community type of clinic where therapy not only limited to shock therapy might be given. If all of them have the success that Dr. Johnson and his workers have had, I can see that soon there will be no need for any expansion of the state hospital.

However, it is a well known fact that many of these private practitioners in psychiatry are using ambulatory shock therapy with varied success and I can't see a decrease in the admission rates as yet.

There are a few things in the paper that I would like to question if we had the time. In the first case

that Dr. Johnson mentioned, I was wondering what he was treating — the psychosis or the alcoholism or what. If ambulatory shock therapy is a treatment for chronic alcoholism, I think that we have something that will eliminate a number of people admitted to our institution.

Then of course I am sure that he recognizes the fact that electric shock therapy is merely sidestepping a much more important issue and that therapy to a patient should not be predicated on the matter of whether we have room to house him or not be rather on how much good we are doing for that patient. Just keeping him out of an institution maybe from the economical standpoint might be all right, but whether that patient per se is being helped to face the problems of his future and is being returned to a usefulness of living in society or not, the paper doesn't say.

It says that he stayed out of the institution and whether it is proper to have a hebephrenic in various stages of regression stay out of an institution, as opposed to being institutionalized and living away from the stresses and strains of the normal or the average world, in which he can not compete and does not feel comfortable in, is another question that of course this paper didn't attempt to answer.

Dr. I. Finkelman, Chicago: I enjoyed very much Dr. Johnson's valuable contribution to the practical knowledge of electric shock, and of course if it does all that, it will keep from overcrowding the state hospitals and it will be a great contribution.

I think he mentioned treatment of potential suicide patients. The patient can be treated, sent home and then commit suicide. That patient would be better off in the institution. A patient with hypertension might get into trouble. I speak of one I saw after ambulatory shock treatment, and the patient was in great distress at home.

Psychiatry now is either electric shock or psychoanalysis. I mean before the institution of shock treatments, there were many young fellows in the state hospitals who were searching for causes of insanity and making various attempts to do various tests — chemical, clinical, and so on. Now I think most of them become preoccupied with electric shock or insulin shock.

Electric shock does help the patients — I understand the hospitals are no longer as overcrowded as they used to be. However much the shock treatment is an advance, I think it gets the young doctors who become psychiatrists hypnotized into thinking they have something and they think they might as well try that on the patients. I think the shock treatments, in a way, are somewhat detrimental to the research spirit.

RESEARCH FELLOWSHIPS AVAILABLE AT ILLINOIS

Announcement of the availability of four research fellowships to be awarded for one year in the fields of medicine, dentistry, and pharmacy at the stipend of $1,800 per year has been announced by the University of Illinois graduate school.

Appointments cover a calendar year with a one month vacation. Fellows are eligible for re-appointment with the new applicants.

Candidates for fellowships must have completed a training of not less than eight years beyond high school graduation. The training may have been acquired in any one of the following ways, or the equivalent thereof:

1. Work leading to the B.S. and M.D. degrees (in some instances the candidates would have the M.S. degree, or an additional year or two of hospital training beyond the interne year).

2. Work leading to the B.S., M.S., and D.D.S. degrees.

3. Work leading to the B.S., or B.A. degree in a four-year collegiate course and to the D.D.S. degree.

4. Work leading to the B.S., D.D.S., or M.D. degrees.

5. Work leading to the B.S., or B.A. degree followed by a degree in pharmacy (4 year course).

6. Three years of collegiate work followed by a degree in pharmacy (4 year course) and M.S. degree in pharmacy.

Candidates should indicate the field of research in which they are interested and submit transcripts of their scholastic credits, together with the names of three former science teachers as references. Appointments will be announced January 1, 1948, or shortly thereafter. The fellowship year begins on July 1, 1948, and in some cases on September 1, 1948.

Formal application blanks may be secured from the Secretary of the Committee on Graduate work in Medicine, Dentistry, and Pharmacy, 1853 W. Polk Street, Chicago 12, Illinois.

News of the State

PERSONALS · COMING EVENTS · MARRIAGES · DEATHS

ADAMS COUNTY

Personal.—Dr. James A. Henderson, Suite 512, W.C.U. Building, Quincy, announces that he has acquired the practice and records of the late Dr. J. Carl Steiner. Dr. Henderson's practice is limited to the eye, ear, nose and throat.

Society News.—Dr. R. D. Woolsey, St. Louis, Mo., discussed "Surgical Treatment of Essential Hypertension" before the Adams County Medical Society in Quincy, October 13.

CHAMPAIGN COUNTY

Personal.—Dr. Carl Greenstein is remodeling a newly purchased house at 207 West University Avenue, Urbana, for offices for himself and his associate, Dr. Thomas W. Kelson. It is hoped that it will be ready about January 1.

CHRISTIAN COUNTY

Society News.—Dr. J. T. Jenkins, Peoria, addressed the Christian County Medical Society October 14 on "'Diseases and Conditions of the Anus and Rectum."

COOK COUNTY

Society News.—Dr. M. A. Perlstein, Chicago, discussed "Convulsions in Children" and "Medical Aspects of Cerebral Palsy" at the University of Colorado School of Medicine, Denver, recently. On October 23, he conducted a clinic in Albuquerque, N. M., at the University of New Mexico under the auspices of the New Mexico Society for Crippled Children. Other addresses given by Dr. Perlstein include "Clinical value of Electroencepha lography in Cerebral Palsy" before the Chicago Neurology Society, November 11, and "Nonsurgical Treatment of Cerebral Palsy" before the Tennessee Society for Crippled Children, Knoxville, November 26.—Dr. Herbert Rattner, department of dermatology, Northwestern University Medical School, addressed the Iowa State Medical Society in Dubuque, November 6, on "Malignant Tumors of the Skin."

Share Fellowship in Cancer Research.—A grant of $2,000 for a fellowship in cancer research in the field of pathology has been made to the Northwestern University Medical School by the Illinois Federation of Women's Clubs. The fellowship will be shared by Drs. Joseph T. Chung and Thomas J. Madden, research men working under the direction of Dr. William B. Wartman, Morrison professor of pathology and chairman of the department. Dr. Chung's research is centered in the application of a cell-staining method for the early diagnosis of cancer. Dr. Madden, working in the field of biochemistry, is studying enzymes and their relation to malignant neoplasms.

Otto Bessey Joins Illinois.—Dr. Otto A. Bessey, 44, chief of the division of nutrition and physiology at the Public Health Research Institute of New York City, was named today as professor of biochemistry and head of the department at the University of Illinois.

Dr. Bessey, noted for extensive research on the pathology of deficiency diseases, will assume his new duties at the Chicago Professional Colleges of the University on March 1, 1948. He will replace Dr. William H. Welker, who has retired after 34 years of service. Dr. Olaf Bergeim will serve as acting head of the department until Dr. Bessey's arrival.

Dr. Bessey has been associated with the Public Health Research Institute since 1941, serving as director from 1942 to 1945. He also serves as consultant in nutrition to the Office of the Surgeon General.

Report on Tuberculosis Survey.—Over 200 cases of tuberculosis were found among 14,967 residents of Maywood and Melrose Park who were surveyed this spring. The Tuberculosis Institute of Chicago and Cook County reported that about 50 per cent of the population volunteered for the x-ray examination.

Hospital News.—Contracts were recently let by Mount Sinai Hospital for the erection of two additional floors, which will house 60 more patients. When completed early next spring, the new addition will give the hospital a capacity of 300 beds and 44 bassinets.—Swedish Covenant Hospital has begun construction of a $600,000 educational building and nurses' dormitories across the street from the hospital. The ground floor of the main section of the building will contain a student chapel, library and living quarters for the superintendent and administrative and household staffs, with business offices. On the second floor will be two large class rooms as well as the nursing arts, dietetics and science laboratories and nurses' training school offices. The remaining space of the five floors will provide dormatories for 125 student nurses.—Work has been started on a new $4,500,000 addition to Columbus Hospital with completion scheduled for May 1949. The hospital annex, which will be six stories high with a foundation capable of bearing three additional stories, will have 230 rooms to accommodate 400 patients, bringing the total hospital capacity to more than 600 patients.

University News.—Dr. Milton Tinsley, instructor in neurological surgery at the University of Illinois, has been promoted to the rank of assistant professor, it has been announced by Dr. Eric Oldberg, head of the department.

Dr. Tinsley graduated from the University of Illinois college of medicine in 1934, and received his master's degree in surgery four years later. He later served as a fellow in neurosurgery at Lahey clinic, Boston, Mass., and then joined the faculty of the University of Illinois in 1940 as an instructor.

Dr. Tinsley served in the U. S. Army during the war, rejoining the University of Illinois staff in November, 1945.—Dr. Hans Selye, director, Institute for Experimental Medicine, University of Montreal, gave the Assembly Hour address at the University of Illinois, October 15, on "General Adaptation Syndrome and the Diseases of Adaptation." Dr. William Dameshek, clinical professor of medicine, Tufts Medical School, Boston, gave a similar lecture, October 20, on "The Spleen and Hypersplenism."

Northwestern Dean Heads College Association.—Dr. J. Roscoe Miller, Dean of Northwestern University Medical School, was recently named to the office of President-Elect of the Association of American Medical Colleges, at a meeting held in Sun Valley, Idaho, the latter part of October. The association represents 84 medical schools in the United States and Canada.

Gehrmann Lectures.—Dr. John R. Paul of Yale University school of medicine, noted for research on poliomyelitis, delivered the Gehrmann lectures at the Chicago Professional Colleges of the University of Illinois on November 19-20.

Dr. Paul spoke on "Poliomyelitis—Certain Epidemiological Aspects", November 19, and "Poliomyelitis—The Clinical Disease", November 20.

Dr. Paul has gained recognition for studies that have shown that poliomyelitis may be spread by excretions from the intestinal tract as opposed to the original idea that infantile paralysis is a disease spread by the respiratory route. Dr. Paul is associated with the section of preventive medicine, department of medicine at Yale.

The lectureship was established in 1926 in memory of Dr. Adolph Gehrmann, former professor of bacteriology and public health at the University of Illinois.

Medical Training Program for Reserve Officers.—A medical ROTC program designed to train reserve officers for the U. S. Army Medical Corps has been established at the University of Illinois college of medicine by the War Department, with the approval of Dean John B. Youmans.

The four-year course will be offered to medical students on a volunteer basis. Graduates will receive commissions as first lieutenants in the organized reserve corps.

Fifty-three students have signed up for the course, including 12 juniors, 27 sophomores, and 14 freshmen. All students who have enrolled are veterans.

Lieutenant Colonel W. H. Diessner, Waconia, Minn., will serve as instructor for the course which will be affiliated with the ROTC program on the Urbana campus of the University of Illinois, under the command of Colonel Harry A. Buckley.

Students registered in the course will receive 32 hours of instruction each year. Medical students who served in the armed forces will receive advanced credit for the freshman and sophomore years, upon approval by Colonel Diessner and Dean Youmans.

Juniors and seniors enrolled in the advanced course will receive instruction in clinical and medical subjects, including preventive medicine, military psychiatry, and medical aspects of atomic warfare. Freshmen and sophomores will be given an introduction to military-medical subjects.

Advanced students will receive rations of $24 per month, and will be required to complete six weeks summer training at Fort Sam Houston, Texas, prior to commissioning. Basic students will receive no pay.

The Medical ROTC unit established at the University of Illinois is one of 48 which have been

set up by the War Department at medical schools throughout the country.

Graduates in Occupational Therapy.—Four University of Illinois coeds qualified for bachelor of science degrees in occupational therapy following the completion of more than four years of training, October 31.

The occupational therapy curriculum was established by the University of Illinois in 1943, and is now a part of the department of physical medicine, headed by Dr. Herbert W. Kendell. Ninety-seven students have been graduated in the curriculum.

Graduates of the course are now serving in state and federal hospitals in 22 states. The demand for well-trained therapists is increasing daily, according to Miss Beatrice D. Wade, director of occupational therapy.

Students enrolled in the course are given six semesters of basic studies on the Urbana campus of the University, including instruction in cultural subjects, biological science, and technical subjects such as arts, crafts, and recreation.

They also receive one full year of clinical training at the University's Research and Educational hospitals at Chicago, with supervision by the faculty of the college of medicine and eight occupational therapists. Four additional months in affiliated hospitals complete the program.

Former Chicago Man Named Acting Chief in Veterans Administration.—Dr. Paul B. Magnuson, former professor of surgery, Northwestern University Medical School, has been appointed acting chief of general medicine and surgery, neuropsychiatry and tuberculosis services. As acting head of the professional services of the Veterans Administration, Dr. Magnuson succeeds the late Brig. Gen. Elliott C. Cutler.

Ernest Irons Appointed Tuberculosis Director.—Dr. Ernest E. Irons, Chicago, has been appointed a member of the board of directors of the Municipal Tuberculosis Sanitarium. The appointment was made by Mayor Martin Kennelly. Dr. David J. Davis, president of the board, recently resigned. Dr. Herman N. Bundesen, president of the Chicago Board of Health, was recently appointed to membership on the tuberculosis board.

Fund to Study Degenerative Diseases.—The Mary and Walter S. Ross Research Fund was created with a recent gift of $50,000 to Northwestern University Medical School. The donor was Mr. Walter S. Ross, partner in the realty firm of Ross, Browne and Fleming and a member of the Northwestern University Associates, and the fund will be used to support research in the diseases of adulthood and old age, such as heart and kidney ailments, high blood pressure, arthritis and cancer.

Phemister Lectureship Proposed.—The establishment of a Dallas Burton Phemister Lectureship at the University of Chicago has been proposed. Friends and students will undertake to raise a $30,000 fund for that purpose. Dr. Leon O. Jacobson, associate dean, division of biological sciences, is chairman of the Phemister Fund. Dr. Phemister, who recently relinquished his duties as chairman of the department of surgery, which he organized twenty-two years ago, is continuing to work at the university as the Thomas D. Jones professor of surgery He is also president-elect of the American College of Surgeons.

Institute of Medicine Activities.—Dr. Joseph L. Baer delivered the presidential address at the thirty-second annual dinner and meeting of the Fellows of the Institute of Medicine of Chicago in the Palmer House, December 2. His subject was "American Obstetrics and Gynecology: A Mature Specialty." Dr. Paul R. Cannon, professor and chairman of the department of pathology, University of Chicago School of Medicine, gave the Third Richard H. Jaffe Memorial Lecture of the Institute, November 28, on "Tissue Synthesis as a Problem in Pathology."

Dr. Cheney Leaves Armour's.—Dr. Volney S. Cheney, medical director for Armour & Co., recently retired on pension after thirty-two years service. He has been succeeded by Dr. Joseph A. Hubata.

Personal.—Dr. Robert B. Lewy, Chicago, has been appointed clinical assistant professor of otolaryngology at the University of Illinois College of Medicine. Dr. Lewy has been on the staff of the university since 1937 except for a period of five years during which time he was on leave of absence while on duty with the United States Army. —Dr. Alexander Brunschwig, formerly professor of surgery at the University of Chicago School of Medicine, has been appointed professor of clinical surgery at Cornell University Medical College and head of the department of surgery at Memorial Hospital for the Treatment of Cancer and Allied Diseases, New York. Dr. Brunschwig, a graduate of Rush Medical College, Chicago, 1926, was on the staff of Boston City Hospital before he came to the University of Chicago. He was a fellow of the National Research Council with Professor Rene Deriche in Strasbourg, France, 1930 to 1931, and has served on the staffs of the Chicago Clinics and Albert Merritt Billings Hospital, Chicago.

CRAWFORD COUNTY

Harry Hedge Holds Clinic.—Dr. Harry M. Hedge, Chicago, assistant professor of dermatology, Northwestern University Medical School, held a wet clinic at the Robinson Country Club, November 13. Dr. Hedge demonstrated the removal of birth marks with CO_2 Snow and in the evening presented an illustrated lecture on "Treatment of Common Skin Disorders."

FRANKLIN COUNTY

Society News.—Dr. W. J. Gillesby, secretary of the Effingham County Medical Society, addressed the Franklin County Medical Society in West Frankfurt, October 16, on "Breast Lesions."

GREENE COUNTY

Society News.—Dr. F. Garm Norbury, Jacksonville, addressed the Green County Medical Society in White Hall, September 12, on "Psychosomatic Medicine." This was a joint meeting of the physicians and dentists of the county.

MACON COUNTY

Society News.—Dr. Chester Coggeshall, assistant professor of medicine, Northwestern University Medical School, discussed "Diabetes" before the Macon County Medical Society, October 21.

Personal.—Dr. George Haan was a delegate of the Macon County Medical Society to the symposium on cancer in Chicago, November 17-21 sponsored by the Illinois Division of the American Cancer Society. Dr. Haan is the third representative from Macon County, the other two physicians being Dr. Arthur L. Ennis and Dr. Carl P. Birk. —Dr. Gabriel B. Kramer, pathologist at St. Mary's Hospital, has moved to Rockford.—Dr. Walter W. Murfin, formerly captain in medical corps, Army of the United States, has recently become associated in the practice of surgery with Dr. Ciney Rich and Dr. Maurice D. Murfin, Decatur. New offices of the group are 570-575 Citizens Building.

Proposed Blood Bank.—Macon County Medical Society recently approved the establishment of a blood bank for Macon County to be operated by the local chapter American Red Cross. The program is expected to provide a ready supply of whole blood to both Decatur hospitals without cost to the patient other than for the hospital's and the physician's services.

MACOUPIN COUNTY

Society News.—Dr. Norman Tobias, dermatologist, St. Louis, addressed the Macoupin County Medical Society in Carlinville, September 23, on "Contact Dermatitis."

MADISON COUNTY

Personal.—Dr. Thomas J. Kelly, Wood River, was recently made a fellow of the United States Chapter of the International College of Surgeons.

McLEAN COUNTY

Society News.—"Anesthesia for the Aged" was the topic presented before the McLean County Medical Society in Bloomington, October 14. The speaker was Dr. W. Allen Conroy, department of anesthesiology, St. Luke's Hospital, Chicago. Dr. W. H. Atkinson is secretary of the county medical society.

MORGAN COUNTY

Personal.—Dr. Joseph Panella, Chicago, has opened an office in Meredosia, newspapers report.

Hospital Observes Centennial.—The Jacksonville State Hospital recently observed its one hundredth anniversary. The Welfare Bulletin for July carries a complete history of the hospital from the time of its inception, with the passage of an act and signed by Governor Augustus C. French, March 1, 1847, to the present day. Dr. James L. Smith has been superintendent of the hospital since November 1941.

PEORIA COUNTY

Society News.—Dr. Edward H. Massie, associate professor of medicine, Washington University School of Medicine, St. Louis, discussed "Recent Advances in Coronary Diseases" before the Peoria Medical Society in Peoria, October 21. Dr. Walter C. Alvarez addressed a joint meeting of the North Central Medical Society and the Peoria Medical Society, November 6, in Peoria.

ROCK ISLAND COUNTY

Society News.—Dr. Russell Myers, professor of neurosurgery, University of Iowa, College of Medicine, addressed the Rock Island County Medical Society, October 14, on "Paroxysmal Convulsive Disorders."

SCHUYLER COUNTY

New Officers.—Dr. H. O. Munson, Rushville, was elected president of the Schuyler County Medical Society at its annual meeting, October 15, in Rushville. Other officers include Drs. V. M. Corman, Pleasantview, vice president, and Charles K. Carey, Rushville, secretary-treasurer. Dr. C. M. Fleming, Rushville, was named delegate to the Illinois State Medical Society, and Dr. F. E. Duncan, a new member, alternate delegate.

VERMILION COUNTY

Society News.—Dr. J. R. Heaton gave a discussion on health precautions in the schools and in the homes before the Lincoln School Parent-Teachers' Association, October 13.—Dr. Percy Hopkins, Chicago, President-Elect of the Illinois State Medical Society, addressed the Vermilion County Medical Society, October 7, on "Pyloric Stenosis" and Dr. George E. Johnson, Chicago, "Intestinal Obstruction."

WINNEBAGO COUNTY

Society News.—Dr. Herman M. Pollard, Ann Arbor, Mich., addressed the first regular monthly meeting of the Winnebago County Medical Society, October 14, in Rockford, on present aspects in diagnosis and treatment of gastric disorders.

Personal.—Dr. Carl E. Olson is the new resident physician at the Swedish-American Hospital, Rockford, succeeding Dr. LeBaron P. Johnson who is now in private practice in Rockford. Dr. Olson, who graduated at Northwestern University Medical School, Chicago, recently completed a 16 month internship at Augustana Hospital, Chicago.

GENERAL

Ambulatory Fracture Association.—Illinois physicians who gave the addresses of welcome during the Eighth Annual Meeting of the Ambulatory Fracture Association in Aurora, October 9-11, were Drs. H. D. Junkin, Paris, president of the association; H. Kenneth Scatliff, Chicago, who represented the Illinois State Medical Society, and C. O. Heimdal, Aurora. Illinois physicians who are on the board of governors are Dr. H. W. Wellmerling,

Bloomington, and Dr. Charles P. Blair, Monmouth. Among Illinois physicians who participated in the program were Dr. H. W. Wellmerling, Bloomington, on "High Shaft Fractures"; Dr. James Valentine, Chicago, on "Fractures of the Hip"; Dr. Joseph E. Verhaag, Chicago, on "Fractures"; and Dr. Wm. Johnson, Galesburg, who gave a review of two hundred cases.

Psychiatrists Choose Officers.—Dr. Ralph Hamill, Chicago, is the president of the Illinois Psychiatric Society; Dr. D. Louis Steinberg, Elgin, vice president, and Dr. Irene C. Sherman, 912 South Wood Street, Chicago, secretary-treasurer. Councilors are Drs. Joseph A. Luhan and H. H. Garner, both of Chicago.

Three Physicians Select Site for Tuberculosis Hospital.—Dr. Robert S. Berghoff, Dr. Warren W. Furey, and Dr. Foster McMillan were recently designated by Governor Green to help select a site for the construction of a tuberculosis sanitarium. The hospital will be owned and operated by the state. The group met with the Governor at a luncheon at the Illini Union in Chicago, November 7, according to the Chicago Tribune. The committee voted to erect the 500 bed institution on a ten acre reservation inside the west side medical center development.

The area occupies an entire block and is bounded by Roosevelt Road, Taylor Street, Damen Avenue, and Wolcott Avenue. The state will pay the medical center commission $85,000 for the property that the body still must acquire as part of its land assembly program.

Action was taken by the committee at a joint meeting with members of the medical center commission after luncheon attended by Governor Green and Dr. Roland Cross, Illinois state health director, in the Chicago Illini Union Building, 715 South Wood Street.

State School Approved for Residency Training.—The American Medical Association and the American Board of Psychiatry and Neurology recently notified the Lincoln State School & Colony that it has been approved for residency training. At the present time there are ten institutions, out of a possible thirteen, in the Illinois Department of Public Welfare which have been approved by the American Medical Association for residency training. These include Chicago State Hospital, Elgin State Hospital, Kankakee State Hospital, Manteno State Hospital, Illinois Neuropsychiatric Institute (Chicago), Veterans' Rehabilitation Center (Chicago), Jacksonville State Hospital, Peoria State Hospital, Alton State Hospital, and now the Lincoln State School & Colony.

The Illinois Department of Public Welfare has a three year residency training program, in conjunction with the University of Illinois. This includes a period of training at the state hospitals; the basic science and clinical training at the Illinois Neuropsychiatric Institute, which is the research unit; training in out-patient work at the Veterans' Rehabilitation Center, together with affiliated work in the Behavior Clinic and the Psychopathic Hospital. This is a rotating three year period of training and meets the requirements of the American Board of Psychiatry.

Professional Opportunity for Cancer Study.—Dr. Warren H. Cole, Chairman of the Cancer Committee, Illinois State Medical Society, has announced completion of the third symposium on cancer sponsored by the Illinois Division, American Cancer Society, Inc. This program has been approved by the Illinois State Medical Society. More than one hundred Illinois physicians have attended these symposia.

Dr. Cole calls attention to the increasing awareness of the public to the dangers of cancer, and their expectation of early diagnosis and treatment on the part of the physician. He points out that in scope and quality of instruction, these refresher courses provide an unusual opportunity for physicians to become familiar with the latest developments in the cancer field, and what is perhaps of more importance, increase their alertness in the early diagnosis of the one disease which, if neglected, is invariably fatal.

The next symposium will be held from January 19 to 23, 1948. An invitation has been extended to each county medical society with the request that names of physicians be recommended for attendance. There is a limited capacity and, in general, selection is made in order of receipt of application. The expense of a hotel room is provided by the American Cancer Society and each physician will be refunded the amount of his railroad fare from his home to Chicago and return. A motor bus is provided daily for transportation. Application should be made to the President or Secretary of the county medical society.

The program of the next symposium will be essentially the same as that which was given in November when thirty-four physicians lectured on all aspects of diagnosis and treatment, and the facilities of Northwestern, Loyola, Illinois and Chicago university medical schools and Mercy and Michael Reese hospitals were used. The comprehensive character of these symposia has been especially commended.

HEALTH DEPARTMENT ACTIVITIES

Report on Laboratory Tests.—With the execution of more than a million tests, the laboratories of the Illinois department of public health performed a considerably larger volume of work during the 12-month period ending June 30 than in any previous year of record, according to a report sub-

mitted October 15 to Governor Dwight H. Green by Dr. Roland R. Cross, state director of public health.

Of the 1,001,462 examinations performed in the Department's five diagnostic laboratories, 986,478 were tests on specimens submitted for the purpose of detecting communicable diseases and 14,984 were tests of milk and water samples.

The search for evidence of syphilis was the purpose of 642,249 tests. Dr. Cross pointed out that this figure represents repeated tests which are made in establishing a diagnosis of syphilis as well as those for checking on the efficacy of treatment.

A further analysis of the report shows that of the specimens tested for syphilis, 129,497 were taken in compliance with the State's hygienic marriage law, and 97,261 were tests made on blood specimens submitted from expectant mothers. Of the prenuptial tests, 2,472, or almost 2 per cent, showed evidence of syphilitic infection, while positive evidence of the disease was found in 1,171, or a little more than 1 per cent, of the prenatal examinations.

Other diseases responsible for significantly large numbers of laboratory tests include gonorrhea, 200,780; typhoid fever, 34,034; tuberculosis, 29,952; undulant fever, 24,160; and diphtheria, 8,443.

Dr. Cross emphasized the fact that these figures represent only a small proportion of the total diagnostic tests made in all of the laboratories of Illinois.

"The growth of this work," he stated, "implies a greater confidence in laboratory procedures as an aid in the accurate diagnosis of communicable diseases."

The five diagnostic laboratories of the department are located at Carbondale, Champaign, Chicago, East St. Louis and Springfield.

New Cancer Diagnostic Clinic.—A state aided diagnostic clinic was opened at the Ryburn Memorial Hospital, Ottawa, October 10, under the direction of Dr. Clifford L. Carter. Dr. Roswell T. Pettit will serve as radiologist and Dr. Paul Ross, pathologist. Clinic sessions will be held the second and fourth Friday of every month beginning at 10:30 in the morning. The opening of the Ottawa center brings to fifteen the number of such clinics which are now in operation throughout Illinois.

Hospital Construction Program Expands.—On October 24, Mercer county became eligible under the state's funds for the building of a public hospital under the state's long range program sponsored by Governor Dwight H. Green, when the county's applications for financial aid were approved by Dr. Roland R. Cross, state director of public health. Mercer is one of 28 counties in the state which have no hospital facilities of any kind at the present time.

A 50-bed public hospital is to be constructed at Aledo, by Mercer county at an approximate cost of $695,650. One-third the cost of the project, $231,883, has been requested from Federal funds and one-third from State money. Local funds available as the result of a bond issue approved by voters of Mercer county will provide the remainder of the construction costs, as well as maintenance and operation costs. The applications for Federal and State aid in financing the new project were signed by Morton E. Peterson, Chairman of the County Board of Supervisors.

Fireproof throughout, the Aledo hospital is to be a three-story brick and concrete building, providing beds for medical, surgical and maternity patients. It will also be equipped with 12 bassinets, an X-ray department, and an eye, ear, nose and throat clinic.

The Mercer county applications for financial aid bring to seven the number of hospital projects that have already been approved by the state health department.

Other approved applications provide for the construction of general hospitals at Mt. Vernon, Anna, Fairfield, Lawrenceville and Flora, and for the construction of a State tuberculosis sanatorium at Mt. Vernon. Lawrence county headed the list of counties taking advantage of the program when its applications were approved on Oct. 6.

The plans approved provide for a 50-bed public hospital in Flora to be constructed by the county at an approximate cost of $725,000. Funds in the amount of $236,775 have been requested from federal sources, and $229,519 has been requested from state money. The remainder of the construction costs will come from local funds available as a result of a bond issue approved recently by the voters of Clay county, and from money already pledged by residents of the community. Local funds are also available to offset any deficit that may arise from costs of maintenance and operation. An additional tax for maintenance purposes will be levied by the county as needed.

The Flora hospital is to be a one-story, fire-proof building of concrete and steel. In addition to beds which will be available for medical, surgical and maternity patients, the hospital will be equipped with X-ray facilities and modern treatment and examining rooms.

Leslie Knott Goes to Greece.—Dr. Leslie W. Knott, Surgeon, U. S. Public Health Service, has been transferred to the U. S. Department of State for duty with American Mission for Aid to Greece. The new assignment terminates a leave of absence from the Service since November 1945 during which time he served as Medical Administrative Assistant to Dr. Roland R. Cross, Director, Illinois

Department of Public Health. Dr. Knott left for Greece on November 12 and will serve as a liaison officer between the headquarters of the Mission in Athens and the various field units.

Death Rate From Whooping Cough Increases.— Whooping cough, which accounted for 29 deaths, was the only communicable disease responsible for significantly higher mortality than in the first seven months of last year, when the disease took the lives of 13 persons. Of the 29 persons who succumbed to whooping cough, 23 were under one year of age.

Whooping cough has long been known to be extremely dangerous to infants and young children. The control of the disease is dependent upon immunization among this group of our population.

Causing an average of 18 fatalities daily in Illinois during the first 7 months of this year, the common contagious diseases were responsible for 3,884 deaths during the period, as against 3,960 for the corresponding months of 1946, according to a report released by Dr. Roland R. Cross.

Particularly noteworthy in the report is the low mortality from diphtheria, scarlet fever, measles and poliomyelitis. Up to August 1 the combined number of deaths from these diseases totaled 16, as compared with 96 for the same period of 1946, a decrease of more than 80 per cent.

Pneumonia was by all odds the leader among the communicable diseases, being responsible for 1,965 deaths, an average of about nine daily. This figure is slightly higher than that for the same period in 1946 when the number of pneumonia deaths stood at 1,831. Tuberculosis ranked second, accounting for 1,664 deaths as compared with 1,825 for the corresponding months of last year.

Influenza was charged with 204 deaths, as against 188 for the 1946 period, and six deaths were charged to typhoid fever, as against seven deaths for the same months of 1946.

Dr. Cross also pointed out that vaccines for the purpose of immunization are provided free to any Illinois physician by the State Department of Public Health.

"For The Common Good"

An uncalled for dermatologic clinic was held in Effingham, Thursday morning, October 30, when Dr. Harry M. Hedge, one of the participating physicians in the afternoon Postgraduate Conference of the Illinois State Medical Society, volunteered his services to the physicians of the local area who wished it. Dr. W. J. Gillesby, secretary of the Effingham County Medical Society, was so enthusiastic about the voluntary offer that he and his colleagues rounded up twenty cases for presentation.

Dr. E. A. Piszczek, Chicago, director of the Cook County Health Department, appeared on the November 13 Postgraduate Conference of the Illinois State Medical Society in Lincoln and hurried back the same day to address the Hawthorne Science Club, Western Electric Company, on infantile paralysis, traveling several hundred miles within a few hours to keep both engagements.

The Council on Medical Service, American Medical Association, recently distributed 3,100 copies of HEALTH TALK, issued by the Educational Committee. The Illinois Society of Mental Hygiene asked for and received 1,700 copies of the issue of HEALTH TALK, entitled "Care for Tiny Tots" for distribution to its mailing list.

The exhibit, "The Doctor and His Medical Society", brought out this year by the Illinois State Medical Society, made its first appearance at a branch meeting when Dr. John L. Reichert, Secretary of the North Shore Branch, Chicago Medical Society, scheduled it for the meeting, November 4. The following day the exhibit went to the University of Illinois College of Medicine for a two weeks' showing before the medical students.

November 3 was designated Health Week by the Chicago Y.W.C.A. The Educational Committee and the Committee on Medical Service and Public Relations cooperated in the programs planned for the six centers in the Chicago area. "How We Grow Before We Are Born", an exhibit arranged by Dr. Frederick Falls and Miss Charlotte Holt in conjunction with the Illinois Department of Public Health, was shown at the Central Y.W.C.A. through the Educational Committee. In addition the following lectures were arranged at the different centers:

Dr. John Mannix, Chicago, Y.W.C.A., 101 South Ashland, November 4, Health Insurance as it Affects the Individual.

Dr. Franklin Fitch, Chicago, Y.W.C.A., Negro Center, 4559 South Parkway, November 4, Feminine Hygiene.

Dr. Paul Boswell, Chicago, Y.W.C.A., Negro Center, 4559 South Parkway, November 4, Skin, Hair and Cosmetics.

Dr. Franklin Fitch, Chicago, Y.W.C.A., Negro Center, 4559 South Parkway, November 5, Feminine Hygiene.

Dr. Morton Baker, Chicago, Y.W.C.A., Negro Center, 4559 South Parkway, November 5, Cancer.

Dr. Robert S. Herzog, Chicago, Y.W.C.A., 101 South Ashland, November 6, What is Heart Disease.

"Doctors and Horses" is the title of a new

brochure discussing the health care of the family which has been developed by the Committee on Rural Health of the Illinois State Medical Society and the Committee on Medical Service and Public Relations. The brochure was distributed during the National Farm Show at the Coliseum, Chicago, November 29-December 7, by attendants of the exhibit of the state medical society on "The Doctor and His Medical Society."

Postgraduate Education Committee of the Illinois State Medical Society:

For the Second Councilor District including counties of Whiteside, Lee, Bureau, La Salle, Putnam, Marshall, Woodford and Livingston, at the Hotel Clark, Princeton, Thursday, December 4, with Dr. H. T. Pettitt, Morrison, presiding as councilor. Chicago physicians participating included:

Dr. Ralph A. Reis, Occiput Posterior Persistent.

Dr. Herbert E. Schmitz, Normal Delivery versus Cesarean Section in Eclampsia.

Dr. Chauncey C. Maher, Diagnosis and Management of Coronary Thrombosis and Coronary Sclerosis.

Dr. Paul S. Rhoads, Present Day Management of Pneumonia.

Dr. Stanley Fahlstrom, Treatment of Atrophic Arthritis.

Dr. Irving H. Neece, Decatur, president of the Illinois State Medical Society, delivered an address in the evening.

Lectures Arranged Through the Scientific Service Committee of the Illinois State Medical Society:

Dr. Harry A. Oberhelman, Chicago, Bureau County Medical Society, November 11, Perry Memorial Hospital, Princeton, Surgery of the Colon.

Dr. Harry M. Hedge, Chicago, Five County Medical Society (Clark, Jasper, Richland, Lawrence, Crawford) in Robinson, November 13, a "wet clinic" in the afternoon and in the evening, Treatment of Common Skin Disorders.

Dr. Philip Thorek, Chicago, La Salle County Medical Society, November 13, Intestinal Obstruction.

Dr. Edward D. Allen, Chicago, Will-Grundy County Medical Society, Joliet, November 13, Endometriosis.

Dr. John R. Mart, Chicago, Henry County Medical Society, Hotel Kewanee, Kewanee, November 20, Postoperative Cardio-Respiratory Complications.

Dr. F. Garm Norbury, Jacksonville, Logan County Medical Society, November 20, Psychosomatic Medicine.

Dr. William J. Pickett, Chicago, Marion County Medical Society, Centralia, November 20, Vascular Disease.

Dr. Michael H. Streicher, Chicago, Saline County Medical Society, November 25, Carcinoma of the Colon.

Dr. Ralph H. Kunstadter, Chicago, Will-Grundy County Medical Society, Joliet, January 8, Dizziness. Diarrhea Problems Among the Newborn.

Dr. Paul A. Campbell, Chicago, Will-Grundy Medical Society, Joliet, January 8, Dizziness.

Dr. Arkell M. Vaughn, Chicago, Logan County Medical Society, Lincoln, January 15, Varicose Vein Surgery.

Lectures Arranged Through the Educational Committee of the Illinois State Medical Society:

Mr. John Neal, Chicago, Executive Secretary Committee on Medical Service and Public Relations, Illinois State Medical Society, Parent Teacher Association, Cook School, Chicago, October 16, Compulsory Health Insurance.

Dr. Everett P. Coleman, Canton, New Century Club in Monmouth, October 20, Socialized Medicine.

Dr. John L. Tavenner, Dixon, Genoa Woman's Club, Genoa, October 29, Cancer and the Menopause.

Dr. Josiah J. Moore, Chicago, American Association of University Women, Danville, November 3, Why We Have Progress in Medicine.

Dr. Roy Kegerreis, Elmhurst, Parent Teacher Club, Berwyn, November 6, Compulsory Health Insurance.

Dr. Roy Kegerreis, Elmhurst, Parent Teacher Association, Monee School, Monee, Instructions in Matters of Sex and Mental Health.

Dr. Robert R. Mustell, Chicago, High School PTA, Glen Ellyn, November 10, What Parents Should Know About the Psychology of Children.

Dr. Robert R. Mustell, Chicago, Lawson Y.M.C.A., Chicago, November 17, War and Disease.

Mr. John Neal, Chicago, Executive Secretary, Committee on Medical Service and Public Relations, Illinois State Medical Society, South Town Woman's Club, Chicago, November 17, Compulsory Health Insurance.

MARRIAGES

HANS M. SCHAPIRE to Miss Lillian Levin, both of Chicago, September 4.

VICTOR DARWIN THOMAS, Galesburg, Illinois, to Miss Edna Naomi Bueckmann, St. Louis, Missouri, June 21.

DEATHS

ELMER L. APPLE, Golden Gate, who graduated at Hospital College of Medicine, Louisville, Kentucky, in 1898, died October 23, aged 72.

WALTER A. BOCK, Chicago, who graduated at Loyola University School of Medicine in 1938, died November 7, aged 35. He was assistant medical director for

United Air Lines and an Air Forces flight surgeon during World War II

Leonard Louis Charpier, Chicago, who graduated at University of Illinois College of Medicine in 1921, died October 3 of a heart attack, aged 49. He had practiced medicine in the Roseland District for 25 years.

Leslie D. Darner, Granite City, who graduated at Washington University School of Medicine, St. Louis, Missouri, in 1913, died September 15, of pneumonia, aged 59. He served as president of Madison County Medical Society in 1937.

Oscar Dodd, Glenview, retired, who graduated at University of Illinois College of Physicians and Surgeons in 1890, died October 15, aged 83.

Theodore Johnston, Chicago, who graduated at Bennett Medical College, Chicago, in 1905, died October 12, aged 73. He was for 40 years a physician for the Topeka & Santa Fe Hospital Association.

Samuel L. Le Vine, Chicago, retired, who graduated at Illinois Medical College in 1909, died October 7 in the Illinois Masonic Hospital, aged 63.

Albert W. Meyer, Bloomington, who graduated at Rush Medical College in 1897, died July 26, aged 77, of myocarditis. For many years, he served on the U. S. Board of Pension Examiners.

Frank T. Murphy, Chicago, who graduated at University of Illinois College of Physicians and Surgeons in 1902, died in his home, October 15, aged 67. He had practiced on the west side for 46 years and was a member of the staff at the Garfield Park Community Hospital.

William Stephen Schuler, Chicago, who graduated at Jenner Medical College in 1905, died August 24, aged 74, of cerebral hemorrhage.

Charles Porter Small, Chicago, who graduated at the Medical School of Maine, Portland, 1889, died in Princeton, Ill., September 25, aged 83, of hypertensive heart disease. He was a past president of the Chicago Ophthalmological Society and clinical associate in the eye department at Rush Medical College.

Samuel Sullivan, Chicago, who graduated at Dearborn Medical College, Chicago, in 1907, died October 8, aged 71, of a heart attack.

August Strauch, Chicago, who graduated at Medizinische Fakultat der Universitat, Wien, Germany, in 1898, died October 16, aged 75.

Jules Alexander Wimberly, Chicago, who graduated at Baylor University College of Medicine, Dallas, Texas, in 1924, died July 26, aged 51, of cerebral hemorrahage and hypertension. He had served on the staff of St. Joseph's Hospital.

NAIL REMOVED FROM SMALL INTESTINE BY MAGNET FOR FIRST TIME

For the first time a foreign body has been removed from the duodenum by a magnet, according to an article in the October 18 issue of *The Journal of the American Medical Association.* Up to this time a serious surgical operation has always been necessarry, say the writers, Murdock Equen, M.D., Robert Gilliam, M.D., and Merrill Lineback, M.D., all associated with the Ponce de Leon Ear, Nose & Throat Infirmary of Atlanta, Ga.

The case involved a four-year-old boy who had swallowed a nail, which reached the second portion of his duodenum, point up, two days later. An operation was planned. Then someone suggested that perhaps the nail could be removed by means of the magnet which has so greatly simplified the removal of safety pins from the windpipe and the removal of any magnetic foreight body from the stomach. The boy was brought to the Ponce de Leon infirmary.

With the help of a "chocolate malted" the child finally succeeded in swallowing a new model of the magnet, slightly curved so that it could get around curves more easily, and with a groove around one end holding a loop of strong waxed thread. Several hours later he exclaimed that he had "felt something click," and complained of a dull pain. An x-ray showed the magnet in contact with the nail.

The boy was then given ether, and under x-ray guidance the magnet and nail were slowly pulled back into the stomach by the string. All three could then be rapidly withdrawn. The procedure took less than two minutes, the doctors report, and by the next day the boy was none the worse for his experience.

Illinois Medical Journal

THE OFFICIAL JOURNAL OF

The Illinois State Medical Society

INDEX TO VOLUME 92

JULY-DECEMBER, 1947

INDEX TO VOLUME 92

Issue	*Pages*	*Issue*	*Pages*
July	1-72	October	201-256
August	73-140	November	257-312
September	141-200	December	313-363

This index is arranged under the following headings: AUTHORS, CLINICAL PATHOLOGICAL CONFERENCE, CORRESPONDENCE, DEATHS, EDITORIALS, INDUSTRIAL HEALTH, MARRIAGES, MEDICAL ECONOMICS, NEWS OF THE STATE, ORIGINAL ARTICLES, PHYSICAL MEDICINE ABSTRACTS, and STATE DEPARTMENT OF PUBLIC HEALTH.

Authors

Allen, Robert K., 183

Baker, A. B., 160
Baker, William J., 282
Bell, E. T., 215
Bernstein, Theodore B., 90
Beverly, Bert I., 341
Brown, Meyer, 95
Brunschwig, Alexander, 82

Cardon, Leonard, 239
Cochran, John R., 228
Cotsirilos, Peter J., 164
Cross, Roland R., 321
Culver, Harry, 282

Deneen, Frank S., 296
De Takats, Geza, 349
Dolkart, Ralph E., 228

Feinberg, Samuel M., 90, 234
Forestner, Harvey J., 219

Glassman, Jacob A., 301, 302
Goldberg, Aaron L., 232
Guzauskas, Anthony C., 337

Hardgrove, Maurice, 99
Hellmuth, George A., 86
Hilleboe, Herman E., 272
Hirsch, Edwin F., 185
Hodges, Fred Jenner, 279
Hoyne, Archibald L., 164

Johnson, H. Roy, 351

Kobes, Herbert R., 9
Kraft, Adolph, 170, 240

Lagorio Jr., Francis A., 337
Lobraico Jr., Rocco V., 99

McDaniels, Herbert E., 224
McNealy, Raymond W., 301, 302
Miller, W. A., 182

Richter, O., 240
Rose, Jack M., 90
Rose, Phillip A., 175

Schimberg, Arnold, 183
Schuman, Leonard M., 80
Schwitalla, Alphonse M., 155
Sievers, Jerome J., 9
Sofield, Harold A., 346
Spinka, Harold Matthew, 168
Sugar, H. Saul, 219

Thorek, Philip, 329
Tinsley, Milton, 102
Top, Franklin H., 267
Traut, Eugene F., 238

Vaughn, Arkell M., 337
Vernon, George W., 344

Wakefield, Howard, 185
Wise, A. W., 182
Wolf, William, 170, 240

Zakon, Samuel J., 232

Clinical Pathological Conference

Cancerous Naevus of the Skin with Extensive Metastases, (Wakefield & Hirsch) 186
Chronic Dilation with Cardiospasm of the Esophagus, (Wakefield & Hirsch) 185
Asthma, Unexpected Death with Bronchial, (Wakefield & Hirsch) 187

Correspondence

Allergists to Meet in St. Louis 266
Allergy, Instructional Courses in, ...110
American Academy of General Practice 213
Applicants Sought for Commissions in Naval Medical Service Corps 326
Apply Now for Orthopaedic Surgery Examination ..214
Approved Residency in Urology 214
Chicago Medical Society Post Graduate Courses ..152
Chicago Medical Society Fourth Annual Clinical Conference 325
Examination for Health Officers, October 27, ...152
Finns Needs Scientific Books 266
Goiter Specialists to Meet in Toronto 200
Higher Grades Authorized to Fill Illinois National Guard Medical Vacancies 326
Indiana Licentiates Must Register Annually 6
Industrial Health, Eighth Annual Congress of, ...328
Medical Educational Services for Handicapped Children 327
Medical Publications Needed Overseas 154
Midwestern Agricultural Workers Health Association, Inc., Notice of Liquidation of the, ...328
Mississippi Valley Medical Society Meeting at Burlington, Iowa, October 1, 2, 3, ...153
National Gastroenterological Association 1948 Award Contest 325
Naval Reserve Medical Officers Can Have Active Duty 8
New Post-Graduate Course in Ear, Nose, and Throat 325
Nutritional Anemia Symposium 200
Obstetrics and Gynecology, the Third American Congress on, ... 6
Physical Medicine, The American Congress of, ...110
Post-Graduate Division Established at Illinois 214
Post-Graduate Courses, The Chicago Medical Society Offers, ...110
Physical Medicine, The American Congress of, ... 8
Refresher Course in Ophthalmology 213
Reunion for Ex-Cook County Hospital Internes ...213
Scientific Exhibits for 1948, Announcement of, ...327
Sickness Benefits Plan for Railroad Workers 6
Urology Award 266
Wanted by FBI for Defrauding Physicians 7
"Where We Stand Today in Medicine" 213
Woman's Auxiliary, Officers 154
Woman's Auxiliary, President's Message 153

Deaths

Albro, Merlin Zens 71
Andrews, Frank Leroy 199
Apple, Elmer L. 361
Bacon, Charles Sumner 139
Baldwin, Otis J. 139
Barker, M. Herbert 254
Barnes, Llewellyn E. 199
Bissekumer, Roger Martin 71
Bock, Walter A. 361
Blanchard, Frances S. Carruthers 199
Brunjes, Diedrich G. 71
Blanchard, Frances S. Carruthers 199
Buchbinder, Jacob R. 310
Calladine, Thomas Matthew 139
Carlsen, Haldor 254
Charpier, Leonard Louis 362
Church, James L. 310
Church, Harry Sylvester 139
Cotts, Gerritt 71
Craig, George G. 139
Curtis, W. Pingree 255
Darner, Leslie D. 362
Dienist, Richard Carl 310
Dodd, Oscar 362
Du Plantis, Arthur L. 310
Edmonds, Fred J. 71
Evans, John Henry 199
Fox, William C. 140
Gibson, Harrison M. 140
Gillogly, Raymond C. 310
Gollmer, Arthur Howard 199
Good, Robert H. 255
Graybeal, James 199
Grossman, Frederick A. 71
Hamilton, Angelina G. 199
Hauberg, George David 199
Holm, Alf J. 199
Holmes, Joseph B. 310
Hopkins, Frederick G. 140
Hudson, Ben 310
Isherwood, Paul Alonzo 310
Jewell, Merit S. 310
Johnston, Theodore 362
Kile, Ray Porter 71
Klonitz, Charles Edward 72
Laftry, Thomas D. 72
Landau, David R. 140
Little, Harvey Thomas 72
Le Vine, Samuel L. 362
Lord, Arthur Evarts 310
McGrath, James Gerard 199
McMackin, Curtis C. 199
MacLane, Cleveland Charles 140
Maley, George Elzear 140
Meirink, Bernard John 255
Meyer, Albert W. 362
Miltenberger, Robert E. 140
Minnick, Edwin Morrill 255
Moate, Thomas 255
Morill, Warren P. 310
Packer, Elmer Benjamin 255
Patrick, Frances L. 199
Peterson, Sophus George 72

Powers, Ulysses Grant 255
Purnell, Ernest Alfred 255
Reasoner, Mathew A. 140
Reynolds, Peter James 255
Ross, John Bartlett 255
Rottman, Morris Martin 140
Rowe, Jessie 310
Rudersdorf, Oscar L. 199
Sahud, Moses 310
Schuler, William Stephen 362
Sessions, S. Kenosha 72
Schneider, George J. 310
Schroeder, William F. 199
Schults, Oscar Theodore 199
Siewerth, Walter Scott 255
Sharp, Charles E. 199
Sloan, John F. 311
Small, Charles Porter 362
Smith, Dale D. 311
Steffenson, Olaf M. 140
Steiner, J. Carl 200
Strauch, August 362
Sullivan, Edward F. 255
Sullivan, Samuel 362
Turner, Franklin A. 255
Veach, Samuel Joseph 200
Walker, Hartley W. 311
Wall, Frank J. A. 311
Ward, Todd Pope 311
Watterson, Walter H. 140
Welsh, John Edward 255
Westmann, Carl 200
Wheat, Joseph H. 311
Wilhelm, Walter Charles 72
Wimberly, Jules Alexander 362
Woodruff, Harry W. 255

Editorials

American College of Surgeons, Initiates from Illinois 260
American Medical Association Centennial Meeting .. 76
American Medical Association Directory 316
Benevolence Fund, The Medical 141
Book Reviews — July 66, Aug. 48, Sept. 70, Oct. 60, Nov. 52, Dec. 52
Conference of State Medical Society Secretaries and Editors 315
Council Committees for 1947-48 4
Council Meeting Minutes, August 10, 1947 243
Council Meeting Minutes, May 25, 1947 63
General Practitioners, Need for More 201
Health Legislation 216
House of Delegates, First Session, May 12, 1947 .. 11
House of Delegates, Second Session, May 14, 1947 ..111
Illinois Men and Fall Medical Meetings 205
Medicine and Law 257
Men, Mules and Medical Mementoes 73
Mid Year Meeting of the A. M. A. 259
Missing Issues of Our Official Transactions of the House of Delegates 204
Munson, M.D., 1866-1947, In Memoriam,Samuel Edgar 259
National Health Program of the American Medical Association, The 77
Ninth Annual Exhibition of American Physicians' Art Association 79
New Illinois Members, International College of Surgeons 316
Nursing Shortage, The ABC of the 313
One Hundred Years of Medical Progress 1
Organization of Auxiliaries in Illinois 206
Pictorial Report of 1947 Annual Meeting 105
Public Schools and Public Medicine 143
Resignation of Olin West as President-Elect of the A. M. A. 2
Scientific Work, The Committee on, ... 3
Vital Statistics in Illinois for First Quarter of 1947 142

Marriages

Brenner, Paul M. 310
Flatley, Robert E. 71
Miller, Wilfred S. 71
Moore, Richard Morris 139
Schapire, Hans M. 361
Thomas, Victor Darwin 361
Weiss, William Harper 139
Young, Charles W. 310

Medical Economics

Illinois State Hospital Needs 209
Pathology into the Medical Practice of Rural Communities in Illinois, The Extension of 127
Selection of Medical Students, The 319
To Each His Own 208
Training of Residents in Basic Sciences 145
"Unnecessary Operations" 261

News of State

Coming Meetings, Personals, Marriages, Deaths 66, 130, 189, 247, 303, 354

Original Articles

Alergy: Facts and Fancies, Therapy of, (Feinberg) 234
Aneurysm Forceps, A Ligative-Carrying, (McNealy & Glassman) 301
Antihistaminic Drugs (Besadryl, Pyribenzamine and Neoantergan) in Hay Fever and Other Allergic Conditions, New (Bernstein, Rose & Feinberg) 90
Appendix Epiploica, with Comments (Case Report) Primary Torsion of an, (Schimberg & Allen) 183
Arthritis, Results with a New Gold Compound of Low Toxicity, Treatment of Rheumatoid, (Rose) 175
Arthritis, Use and Abuse of Physical Therapy in the Treatment of, (Traut) 238
Ascites, A New Sign in the Diagnosis of Minimal and Moderate, (Cardon) 239

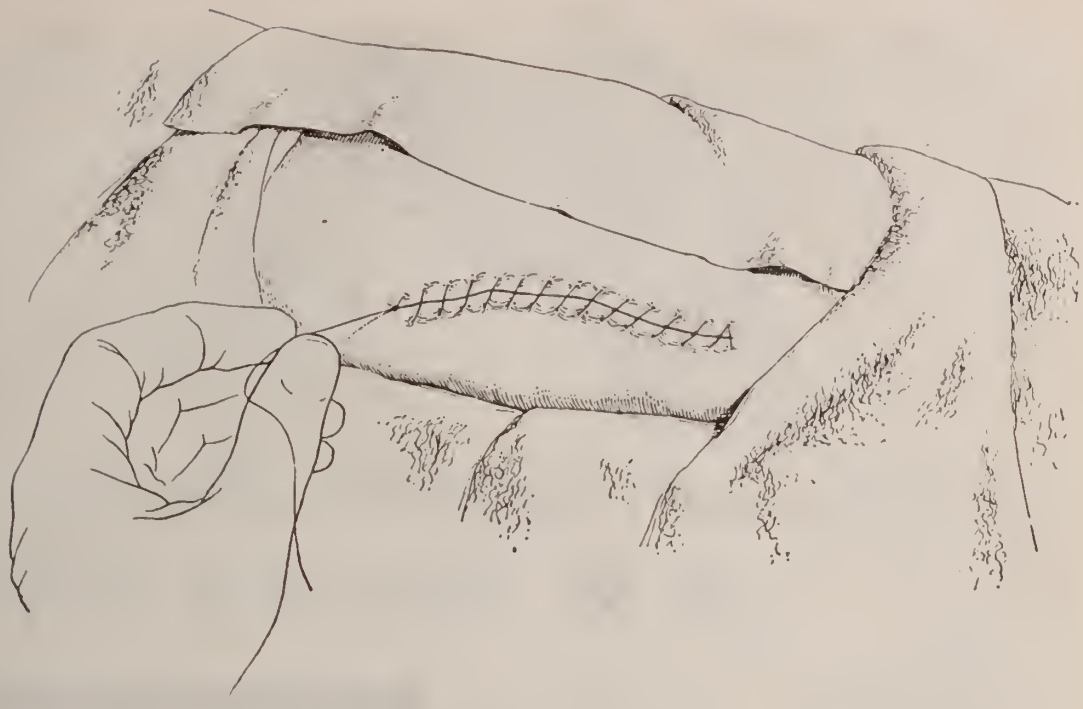
Biliary Fisulae Due to Gallstones, Report of Two Cases, (Cochran & Dolkart) 228
Brain Abscesses, Radical Extirpation of Acute, (Tinsley) 102
Cancer of the Pancreas, (Brimschwig) 82
Carcinoma of the Esophagus, Surgical Treatment of (Thorek) 329
Carcinoma of the Prostate Gland, (Culver & Baker) 282
Depressed Mental States, The Recognition and Management of, (Brown) 95
Diabetes Mellitus, The Pathological Anatomy of, (Bell) 215
Early Ambulation in the Surgical Patient (Vaughn, Guzauskas, Lagorio) 337
Electric Shock Therapy in an Out-Patient Clinic, Ambulatory (Johnson) 351
Endocarditis Due to B Tularense, Treated by Streptomycin (Case Report), Subacute Bacterial, (Wise & Miller) 182
Fracture Treatment, Observations on (Sofield) 346
Heart Disease, Prognosis of Acute Coronary, (Hellmuth) 86
Intravenous Fluids Post-Operatively on Bleeding and Coagulation Time, Effects of, (Kraft & Wolf) 170
Kahn Quantitative Test, Clinical Values of the, (Spinka) 168
Lumbar Sympathectomy, Indications for, (De-Takats) 349
Man Looks to Medicine, (Schwitalla) 155
Meningitides, Treatment of the, (Top) 267
Mental Aspects of Growth and Health (Beverly) ..341
Methacrylic Resin Implant for Sunken Upper Lid Following Enucleation, (Sugar & Forestner) ...219
Poliomyelitis: Its Diagnosis and Treatment, Bulbar, (Baker), ...160
Poliomyelitis, A Review of 225 Cases, Rural and Urban Patients, (Hoyne & Cotsirilas) 164
Pulmonary Tuberculosis, The Diagnosis of, (Vernon) 344
Ringworm of the Scalp; The Problems of Epidemic, (Zakon & Goldberg) 232
Regional Ileitis with Review of the Literature, (Wolf, Kraft & Richter) 240
Temporal Arteritis, with a Report of a Case, (Hoyne) 292
Thiouracil in Hyperthyroidism, The Use of, (Lobraico & Hardgrove) 99
Thyrotoxicosis, The Management of, (Deneen) 296
Tularemia in Illinois, (McDaniels) 224
United States Public Health Service and the Private Practice of Medicine, The, (Hilleboe) ..272
Viscera-Holding Forceps, An Improved Non-Traumatizing, (McNealy) 302
X-Ray Demonstrable Lesions of the Colon, (Hodges) 279

Physical Medicine Abstracts

Physical Medicine Abstracts July 50, Aug. 40, Oct. 41, Nov. 67, Dec. 46.

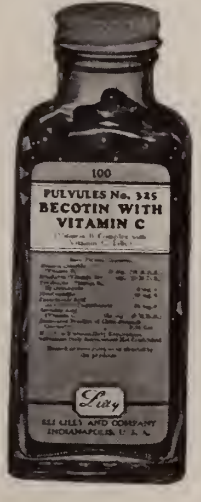
State Department of Public Health

Bal Now Available for the Treatment of Arsenical and Mercurial Poisoning, (Schuman) 80
Illinois Hospital Construction Program Initiated ...263
Maternal and Infant Gare Program Terminated, Emergency 10
New State Health Legislation 147
Poliomyelitis Program, The Illinois, (Kobes & Sievers) 9
Purchase of Hospital Care on a Cost Formula Basis 210
A Year of Progress, (Cross) 321



Postsurgical healing can be enhanced

In cases with an avitaminosis, wound healing can be accelerated and hospitalization time shortened by preoperative and postoperative administration of Pulvules 'Becotin with Vitamin C' (Vitamin B Complex with Vitamin C, Lilly). Following major surgery there is usually rapid depletion of the water-soluble vitamins. This is particularly true of patients undergoing surgery of the gastro-intestinal tract.



Operations of choice allow physicians time to correct deficiencies before surgery. In urgent cases, preoperative and postoperative parenteral administration of Ampoules 'Betalin Complex' (Vitamin B Complex, Lilly) and Ampoules 'Cevalin' (Ascorbic Acid, Lilly) is indicated.

As soon after surgery as the patient can take oral medication, one or more Pulvules 'Becotin with Vitamin C' may be prescribed until the patient resumes normal activity.

BECOTIN WITH VITAMIN C

One pulvule provides a therapeutic dose of all the known water-soluble vitamins.

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.



A Practical Penicillin Package for the Emergency Bag



The problem of carrying penicillin in the emergency bag is at last solved by the convenient, small box of Soltabs illustrated.

SOLTABS
PENICILLIN CSC
2cc. SIZE VIALS
IN BOXES OF FIVE

Soltabs are soluble tablets of penicillin (50,000 units each), free of binder or excipient. They are sterile, dissolve readily in water or saline solution, require no refrigeration

The Soltab package occupies but little space in the emergency bag. Soltabs serve advantageously to initiate parenteral penicillin therapy when the patient is first seen in the home. They may also be used to give penicillin parenterally prior to oral penicillin therapy.

Available in boxes of five 2 cc. size serum-type vials, each vial containing 2 Soltabs or 100,000 units Crystalline Penicillin G Potassium.

C.S.C. Pharmaceuticals
A DIVISION OF
COMMERCIAL SOLVENTS CORPORATION
17 E. 42nd Street New York 17, N. Y.

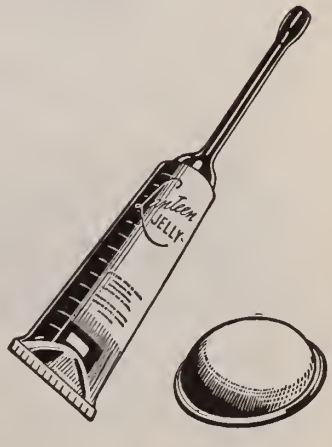


THE LANTEEN DIAPHRAGM is rigid in one plane, therefore easy to place. When largest comfortable size is fitted, if entering rim lodges against cervix, trailing rim cannot be forced into pubic arch.

***Lanteen jelly* has three important advantages:**

1. **Reliable . . . spermicidally effective.**
2. **Tenacious in its viscosity.**
3. **Non-irritating . . . Non-toxic.**

Offered only through the medical profession. Complete package sent physicians on request.



Lanteen

LANTEEN MEDICAL LABORATORIES, INC. • CHICAGO 10

Especially Valuable

in these Frequently Encountered

CUTANEOUS AFFECTIONS

ECZEMA
PSORIASIS
RINGWORM
OCCUPATIONAL DERMATITIS
FOLLICULITIS
SEBORRHEIC DERMATITIS
INTERTRIGO
PITYRIASIS
PRURITUS
TINEA CRURIS



Tarbonis is packaged in 2¼ oz., 8 oz., 1 lb. and 6 lb. jars.

Its wide range of therapeutic applicability and dependable efficacy make Tarbonis useful in the management of a host of skin conditions encountered daily. Tarbonis provides tar therapy in its most advantageous form. Its chief active ingredient (5 per cent) is a special process alcoholic extract of selected crude coal tars which exerts the characteristic action of tar, but is not burdened by the disagreeable odor and color of tar. Containing also menthol and lanolin in a vanishing cream base, Tarbonis is odorless, stainless, greaseless, and nonsoiling. When infection supervenes, Sul-Tarbonis—incorporating 5 per cent sulfathiazole in Tarbonis—is indicated

Physicians are invited to send for samples and literature.

THE TARBONIS COMPANY
4300 Euclid Avenue Cleveland 3, Ohio

TARBONIS

SUL-TARBONIS

Sul-Tarbonis is supplied in 2¼ oz. and 1 lb. jars.

December is a Par-Pen month



The demand for an aqueous penicillin-vasoconstrictor combination for local rhinological use has been answered with PAR-PEN.

PAR-PEN combines the potent antibacterial action of penicillin and the rapid, prolonged vasoconstriction of Paredrine Hydrobromide Aqueous. The value and clinical applications of PAR-PEN will be immediately apparent to every physician.

Smith, Kline & French Laboratories, Philadelphia

the penicillin-vasoconstrictor combination

Par-Pe

Meprane



ORALLY POTENT ESTROGEN

4 Outstanding ADVANTAGES

- Relieves menopausal symptoms promptly.
- Restores sense of well-being.
- Unpleasant reactions virtually unknown.
- Exceptionally economical.

The brilliant synthesis of Meprane culminates eight years' intensive research for an orally potent, clinically dependable, synthetic estrogen, free from the disadvantages of diethylstilboestrol. Estrogenic economy is now available to physicians without the hazards of patient discomfort and imperfect relief of menopausal symptoms.

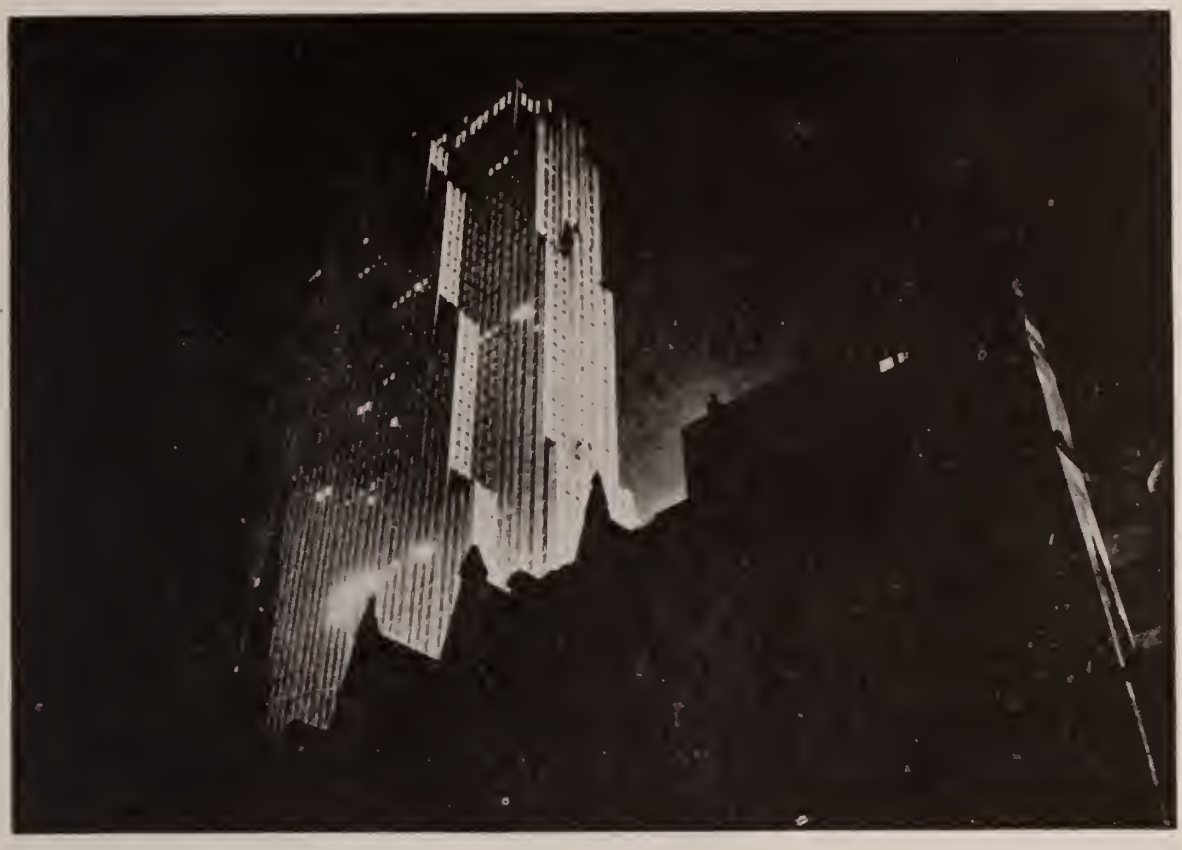
Dosage: In the menopause, initial therapy—1 tablet t.i.d. after meals; maintenance therapy—1 to 2 tablets daily. Recommended dosage for other conditions on request.

Packaging: 30 and 100 tablets.

R C A D

REED & CARNRICK

JERSEY CITY 6, N. J., U.S.A. TORONTO, ONTARIO, CANADA



IMPRESSIVE

In a high percentage of cases, the results obtained with Mandelamine in the treatment of common urinary infections are no less than impressive. Carroll and Allen,* in their recent, carefully controlled study of 200 unselected cases of common urinary infections, found that approximately 74 per cent of all patients responded to Mandelamine therapy with urines that became microscopically and culturally negative in an average of six days. In certain cases, notably pyelitis, the urine was sterilized in three days, whereas infections associated with deep-seated or obstructive lesions required up to two weeks of Mandelamine therapy. Mandelamine was found to be virtually nontoxic in therapeutic dosage, and an acid urine was maintained without dietary restrictions or other drug therapy, excepting in those cases where urea-splitting organisms were present.

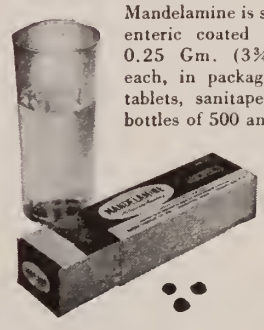
This authoritative clinical study confirms the many earlier reports establishing Mandelamine as an efficient antibacterial agent of low toxicity and broad therapeutic activity in urinary tract infections. A physician's sample and literature on request.

*Carroll, G., and Allen, H. N., The Treatment of Urinary Infections with Mandelamine (Methenamine Mandelate): A Clinical Study of 200 cases, J. Urol., *55:* 674-681, June 1946.

MANDELAMINE

Reg. U.S. Pat. Off.

(Methenamine Mandelate)



Mandelamine is supplied in enteric coated tablets of 0.25 Gm. (3¾ grains) each, in packages of 120 tablets, sanitaped, and in bottles of 500 and 1000.

NEPERA CHEMICAL COMPANY, INC.

Manufacturing Chemists

Yonkers 2, New York

Illinois State Medical Society

OFFICERS OF SECTIONS, 1947

SECTION ON MEDICINE
W. H. Newcomb, Chairman, Jacksonville
T. H. VanDellen, Secretary, 700 N. Michigan Ave., Chicago

SECTION ON SURGERY
J. B. Moore, Chairman, Benton

SECTION ON EYE, EAR, NOSE AND THROAT
Hanley F. Ford, Chairman, Champaign
Paul H. Holinger, Secretary, 700 N. Michigan Ave., Chicago

SECTION ON PUBLIC HEALTH & HYGIENE
Richard F. Boyd, Chairman, Springfield

SECTION ON RADIOLOGY
Frank L. Hussey, Chairman, 55 E. Washington St., Chicago
Cesare Gianturco, 602 W. University Ave., Urbana

SECTION ON PEDIATRICS
G. N. Krost, Chairman, 2376 E. 71st Street, Chicago
Frederick H. Maurer, Secretary, Peoria

SECTION ON OBSTETRICS AND GYNECOLOGY
F. N. Nash, Chairman, Galesburg

SECTION ON PATHOLOGY
M. C. Corrigan, Chairman, 2839 Ellis Avenue, Chicago
George Milles, Secretary, 411 West Dickens Avenue, Chicago 14

COUNTY SOCIETIES

This list is corrected in accordance with the best information obtainable at the date of going to press. County Secretaries are requested to notify The Journal of any changes or errors.

County	President	Secretary
Adams	Frank Brenner, Jr., Quincy	Walter Stevenson, Jr., Quincy.
Alexander	Charles Weber, Cairo	Lewis Ent, Cairo.
Bond	J. D. Chittum, Sorento	Max Fraenkel, Greenville.
Boone	David E. James, Belvidere	Everett F. Dettman, Belvidere.
Bureau	Harry E. Brown, Tiskilwa	R. E. Davies, Spring Valley.
Carroll	E. C. Turner, Savana	W. J. Scholes, Lanark.
Cass	T. G. Charles, Beardstown	R. A. Spencer, Beardstown.
Champaign	W. L. Veirs, Urbana	C. Gianturco, Urbana.
Christian	G. S. Bullington, Pana	W. S. Miller, Assumption.
Clark	H. G. Johnson, Casey	G. T. Mitchell, Marshall.
Clay	L. L. Hutchins, Flora	M. H. Parker, Louisville.
Clinton	R. D. Roane, Carlyle	J. Q. Roane, Carlyle.
Coles-Cumberland	Paul M. Hardinger, Mattoon	Lee Steward, Mattoon.
Cook	Malcolm T. MacEachern, Chicago	Willard O. Thompson, Chicago.
Crawford	B. C. Teasley, Jr., Robinson	John W. Long, Robinson.
DeKalb	John Ovitz, Jr., Sycamore	Grant Suttie, DeKalb.
DeWitt	Keith Rhea, Clinton	William R. Marshall, Clinton.
Douglas	M. E. Loller, Tuscola	J. O. Cletcher, Tuscola.
DuPage	Allan S. Watson, Glen Ellyn	A. R. Rikli, Naperville.
Edgar	P. E. Fleener, Paris	E. E. Terrell, Paris.
Edwards	P. S. Neirenberg, Albion	Andrew Krajec, West Salem.
Effingham	P. C. Rumore, Effingham	W. J. Gillesby, Effingham.
Fayette	A. M. Fromm, Ramsey	E. A. Kuehn, Vandalia.
Ford	M. D. E. Peterson, Paxton	Edward A. Tappan, Paxton.
Franklin	R. C. Steck, Christopher	A. F. Barnett, West Frankfort.
Fulton	G. S. Betts, Canton	O. M. Wood, Ipava.
Gallatin	J. C. Murphy, Ridgway	James A. Kirby, New Haven.
Greene	R. W. Piper, White Hall	W. H. Garrison, White Hall.
Hancock	I. W. Salowitz, Plymouth	Blair Kelly, Ferris.
Hardin	S. E. Oxford, Cave-in-Rock	
Henderson	M. J. Babcock, Biggsville	Elmer T. Swann, Oquawka.
Henry	F. J. Stewart, Kewanee	C. Paul White, Kewanee.
Iroquois	A. W. Fordyce, Gilman	Ryland Buckner, Gilman.
Jackson	William T. Felts, Carbondale	Edward K. Ellis, Murphysboro.
Jasper	William E. Franke, Newton	C. O. Absher, Newton.
Jefferson-Hamilton	R. A. Crum, Mt. Vernon	Harry Thompson, Mt. Vernon.
Jersey	Hugh R. Bohannan, Jerseyville	W. M. Hemple, Grafton.
Jo Daviess	G. C. McGinnis, Warren	R. E. Logan, Galena.
Johnson	Wm. Thompson, Cypress	E. A. Veach, Vienna.
Kane	K. M. Manougian, Elgin	A. G. Zmugg, Aurora.
Kankakee	Alfred Nehf, Kankakee	A. L. Nickerson, Kankakee.
Knox	Wm. Johnson, Galesburg	J. A. Bowman, Abingdon.
Lake	R. M. Watrous, North Chicago	Kenneth Morris, Waukegan.
LaSalle	C. J. Stricker, Marseilles	F. J. Maciejewski, LaSalle.
Lawrence	R. T. Kirkwood, Lawrenceville	R. O. Illyes, Lawrenceville.
Lee	J. L. Tavenner, Dixon	J. M. Lund, Dixon.
Livingston	O. L. Bettag, Pontiac	E. G. Beatty, Pontiac.
Logan	Lee N. Hamm, Lincoln	Donald M. Barringer, Lincoln.
McDonough	A. P. Standard, Macomb	R. Clarke Benkendorf, Bushnell.
McHenry	Wm. Copeland, Cary	C. E. Wittenberg, Woodstock.
McLean	E. M. Stevenson, Bloomington	W. H. Atkinson, Bloomington.
Macon	F. R. Martin, Decatur	Maurice D. Murfin, Decatur.
Macoupin	George Hess, Bunker Hill	Joseph J. Grandone, Gilesspie.

*Deceased.

(Continued on page 59)

"What are the MAGIC WORDS?"

No magic words, no magic wand can improve a cigarette. *Something more tangible is needed.*

PHILIP MORRIS superiority is due to a different method of manufacture, which produces a cigarette *proved* definitely less irritating to the smoker's nose and throat.*

Perhaps you prefer to make your *own* test. Many doctors do. There is no better way to prove to your own satisfaction the superiority of PHILIP MORRIS.

* *Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154*
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60



PHILIP MORRIS

PHILIP MORRIS & CO., LTD., INC.
119 FIFTH AVENUE, N. Y.

TO PHYSICIANS WHO SMOKE A PIPE: We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

Physical Medicine Abstracts

John S. Coulter, M.D.

PHYSICAL MEDICINE AND THE RHEUMATIC DISEASES

Francis Bach, D.M., D. Phys. Med.
In BRITISH JOURNAL OF PHYSICAL MEDICINE. 10:3:66
May-June, 1947

The Physical Medicine Department is an essential part of a modern hospital. It should include a gymnasium, with a physical training instructor, and an ocupational therapy department, with workshops in which specific remedial and diversional work can be carried out under the supervision of a trained occupational therapist. It must be under competent medical supervision, properly planned and equipped for the treatment of in-patients and out-patients, and have an adequate staff of qualified physiotherapists. Proper and detailed records must be kept of the patients and of their treatment. In a teaching hospital, in addition to the treatment of patients, facilities must be available for research and for undergraduate and postgraduate teaching in physical medicine.

In a large general hospital, facilities should be available, not only for restoration of function in the disabled part but also for the re-abling of the man or woman as an individual, so that, on his discharge from hospital, he may be able to return to a full, contented and happy life, as well as be fit to take up once again his former employment, or else be trained for some modification of this work or for some other trade or profession. An almoner must be attached to the unit and attend the clinics held by the Physician-in-charge. She must form a close link between the department and the patient's home, his work and his own doctor.

For out-patients, evening clinics must be held and, for temporarily disabled patients, facilities for transport between home and hospital must be provided.

Staff conferences should be held at weekly intervals to discuss the progress of the patients.

The physical medicine department and the physiotherapist have a very important role to play in the treatment of the rheumatic patient. Rheumatism is a term which is used to cover a variety of conditions: the so-called "growing pains" of the young child; the painful elbow in a young woman, which may follow the first game of tennis of the season; the stiff neck often attributed by the rhinologist to infected tonsils or by the psychologist to an emotional upset.

The child with rheumatism in a quiescent phase will benefit from a course of general ultraviolet light and postural and breathing exercises. The painful elbow or stiff neck — dependent upon its pathology — may be relieved by friction massage, manipulation, traction, short-wave diathermy, ionization with Novocain or aconitine, or simple psychotherapy.

PHYSICAL THERAPY IN THE TREATMENT OF ARTHRITIS

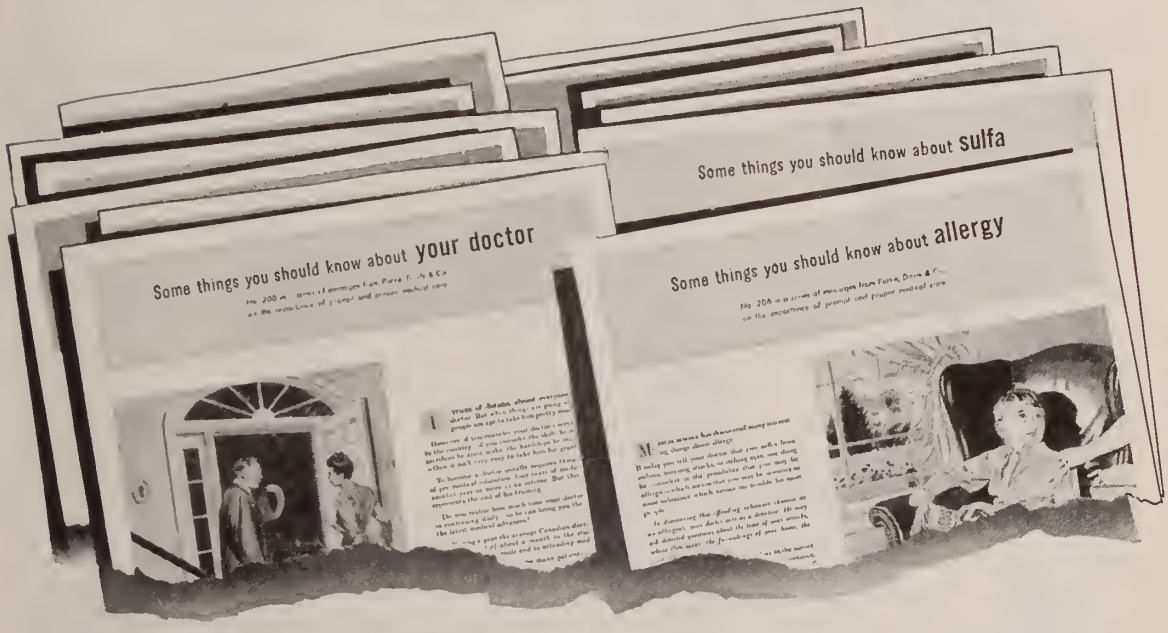
L. Maxwell Lockie, M.D., and
Earnescliffe Musgrove, A.R.P.T.T.,
Buffalo, N. Y.
In NEW YORK STATE JOURNAL OF MEDICINE, 47:8:851
April 15, 1947

The program of bed rest and organized exercise is continued preparatory to weight bearing. Special attention is given to foot exercises which are simple and must be performed carefully and

(*Continued on page* 48)

"See Your Doctor"

A Continuing educational campaign

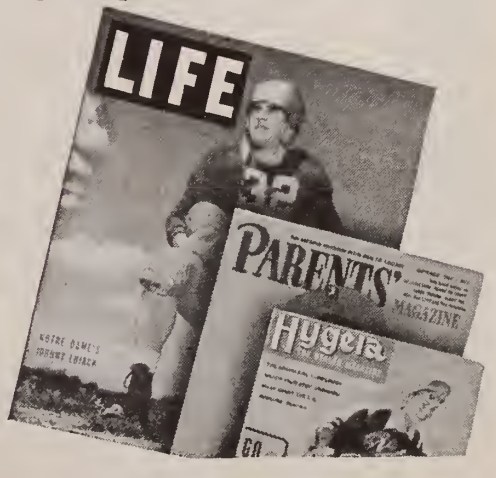


.....in behalf of the medical profession

208 full-page advertisements have appeared to date.
All stressing the importance of prompt and proper medical care. All urging the public to "See Your Doctor."

.....reaching 23 million people regularly

Alert people. The readers of LIFE and other important national magazines. People of action and influence in every community.



PARKE, DAVIS & CO.

DETROIT 32, MICHIGAN



PHYSICAL MEDICINE (Continued)

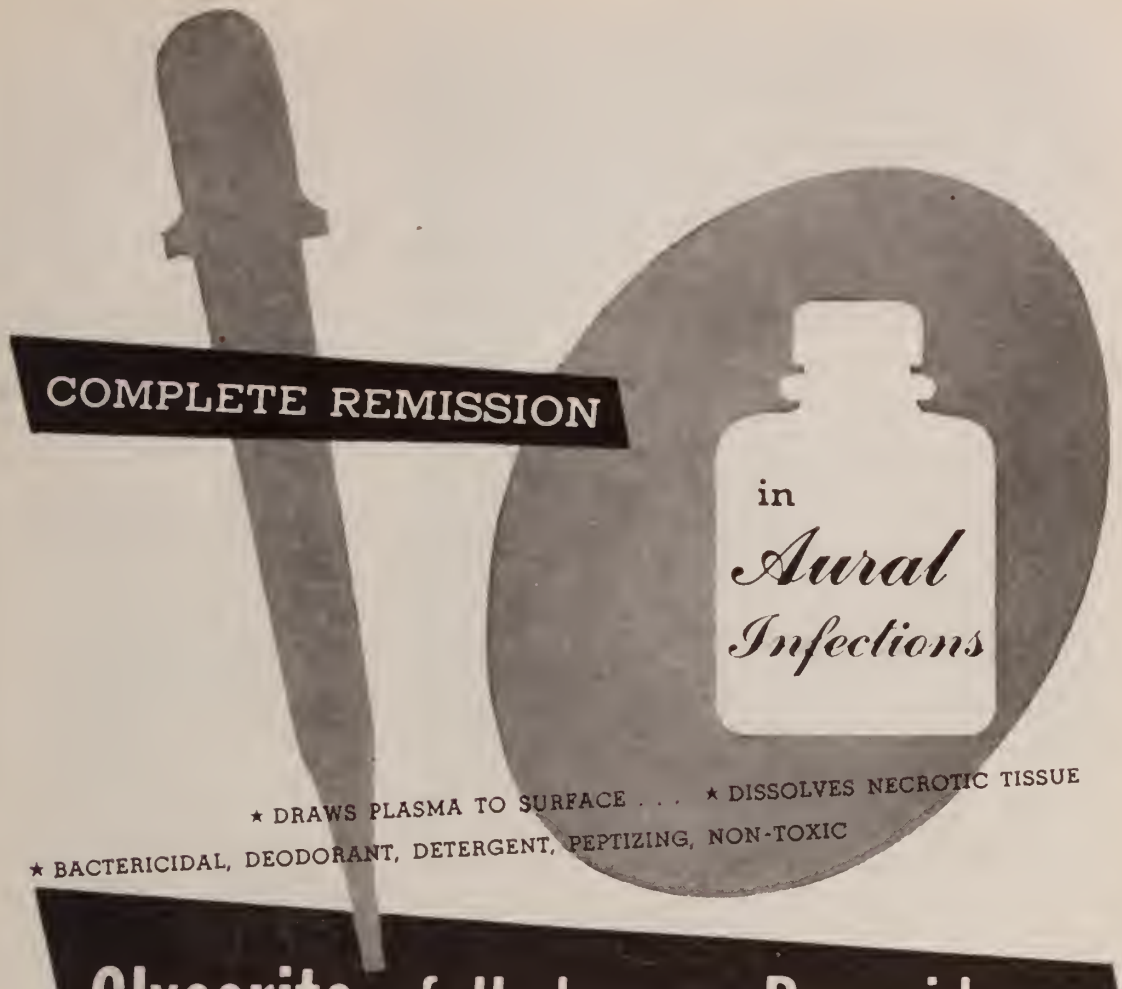
systematically. Consideration is given to shoes which must be well supported, must fit properly, and be worn from the initiation of the weight-bearing exercises. At this stage any necessary supports, such as parallel bars, crutches and walker, may be used; but these devices are only temporary and used in the interim between complete bed rest and restored function.

In the transition from bed rest to sitting, standing, and walking, body alignment is stressed and fatigue must be minimized. Preliminary exercises are continued aiming at postural stability in the sitting position before standing or walking is attempted. The exercises have strengthened the patient so that he may sit over the edge of the bed or in a suitable chair maintaining good posture.

Home Therapy — The factor of the patient's home adjustment is emphasized in this program. His mental repose and muscular relaxation continue to receive constant attention. The patient becomes posture-conscious and derives pleasure from his exercise regimen. He is kept busy and interested during his convalescence and now approaches the objective of caring for himself and assuming old habits modified to suit his new routine.

While the patient was in the hospital, plans have been made for the management of his care and treatment at home. Some member of his family, who has followed the program and realizes its importance, is given instructions. Rest, heat, and exercise in their simplest form are continued at home, and their rest must still be adequate. A definite number of hours are spent in bed. If fatigue is apparent, a longer time in bed is indicated. Heat by means of an infrared lamp is applied regularly, two or three times daily. The heat must be mild and the distance at which the lamp is used should be considered (30 to 36 inches). Exercise is still of great benefit and, now, also takes the place of massage. The routine is worked out to suit the new environment. General postural and breathing exercises are continued and individual joint exercises performed at regular intervals. Activity is increased gradually with care to avoid fatigue. Climbing of stairs is avoided for some time. Occupational therapy solves much of the prob-

(*Continued on page* 50)



Glycerite of Hydrogen Peroxide ipc
With Carbamide

★ BIBLIOGRAPHY

Arch. Otolaryngol., 43:605, 1946.
E., E., N., & T. Mo., 26:27, 1947.
Laryngoscope, 56:556, 1946.
New Eng. J. Med., 234:468, 1946.
Annals of Allergy, 4:33, 1946.
J. A. Ph., A., (Sc. Ed.) 35:304, 1946.

Literature on request.

Clinical studies concerned with the use of Glycerite of Hydrogen Peroxide in the treatment of chronic purulent otitis media demonstrated seventeen of twenty-nine patients in complete remission in 14 days and the remainder by the 38th day. The patients studied presented conditions existent for periods of 2 weeks to over 40 years. Previous treatment by the usual therapeutic means, including tyrothricin or penicillin, was ineffective in all cases.

Constituents:

Hydrogen Peroxide 1.446%, Urea (Carbamide) 2.554%, 8-Hydroxyquinoline 0.1%.
Dissolved and stabilized in substantially anhydrous glycerol . . . q.s. ad. 30cc.

Available on prescription in one-ounce bottle with dropper.
Administration: One-half dropperful two to four times daily.

International **PHARMACEUTICAL CORPORATION**

132 NEWBURY STREET, BOSTON 16, MASSACHUSETTS

PHYSICAL MEDICINE (Continued)

lem in regulating activity.

In conclusion, patients with rheumatoid arthritis and osteoarthritis show the greatest improvement if a specific program adapted to their individual needs can be carried out intensively, and can be continued at home. It is of extreme importance in the successful management of the case to be sure that the patient has a good understanding of the whole program of his treatment.

THIS MUCH IS KNOWN ABOUT EARLY AMBULATION

N. O. Calloway, M.D.; R. W. Keeton, M.D.; W. H. Cole, M.D.; N. Glickman; J. Dyniewicz; D. Howes
In HOSPITALS, 21:7:48
July, 1947

The exercise did not replace a good balanced diet or good nursing care, of course, but it certainly benefited the patient in measurable ways. With the hospitals of today overcrowded, and with hopsital bed space at a premium, anything that shortens convalescence is valuable as a general aid in therapy. Thus ambulation promises to have important economic as well as therapeutic value. Ambulation makes possible the more rapid turnover of hospital beds by shortening the appendectomy stay from two weeks to a few days, the herniorrhaphy from two or three weeks to one week. The patient requires less care, is able to care for himself sooner, and is on his way back to work earlier.

The ultimate objective is to get the patient back to work and back to his social and economic position as soon as possible. The mere discharge of the patient from the hospital does not do this.

This brings us to the fourth — as yet the completely unexplored — phase of ambulation in convalescence. The problem is: What can be done to shorten the post-hospital invalidism of the patient?

We know nothing of this period at the present time except that it is often prolonged. It has definite psychiatric aspects, and it is probably present even in mild transient infections such as a common cold.

For the occupational therapist the future of ambulation is bright. Our group is attempting only to study a few fundamental characteristics and principles of exercise as a therapeutic device and as a physiologic stimulant.

It is possible to envision a time when the civilian patient will receive care in the hospital and after leaving the hospital from a group of people whose function will be to return the patients to functional maximum with the greatest possible speed. Many steps already have been taken in this direction. Already the term *orthogasia* has been given to this field. It means conditioning for normal function. Thus we see that a common, inexpensive, easily attained therapeutic device — exercise — definitely has taken its place in modern treatment.

WOUND DISRUPTION AND EARLY AMBULATION

John C. Burch, M.D., and Cloyce F. Bradley, M.D.
Nashville, Tennessee
In ANNALS OF SURGERY, 125:6:768
June, 1947

Early ambulation is a valuable method in the management of postoperative patients. Based on sound physiologic principles, it not only reduces the incidence of vascular and pulmonary complications, but appreciably shortens convalescence. These clear-cut results have won it many advocates. Nevertheless, there is still a certain deep-rooted scepticism concerning the danger of wound disruption. This is the greatest deterrent to the general acceptance of the method. In the hope of clarifying this point, it is the purpose of this paper to present a study of the disruptions of abdominal wounds in patients treated at conventional bed rest and in those subjected to early rising.

In conclusion, it may be said that early ambulation does not affect the abdominal wound adversely. The satisfactory wound healing, observed following early ambulation, may be attributable to a better nutritional state, as well as a lowered incidence of the many complications favoring disruption, such as vomiting, cough, distention, and urinary retention. It is a safe procedure of great benefit to the patient, and its possibilities in decreasing hospitalization are as yet unrealized.

Tuberculosis must unquestionably be recognized as the most serious public health problem among nonwhite races. Mary Dempsey, Am. Rev. Tbc., Aug., 1947.

Formulac—

a modern

infant food



FORMULAC Infant Food is a concentrated milk in liquid form, fortified with all vitamins known to be necessary to adequate infant nutrition. No supplementary vitamin administration is required.

By incorporating the vitamins into the milk itself, the risk of human error or oversight is reduced. FORMULAC contains sufficient B complex, Vitamin C in stabilized form, Vitamin D (800 U.S.P. units), copper, manganese and easily assimilated ferric lactate—rendering it a flexible formula basis both for normal and difficult feeding cases. The only carbohydrate in FORMULAC is the natural lactose found in cow's milk. *No carbohydrate has been added.*

FORMULAC, a product of National Dairy research, has been tested clinically, and proved satisfactory. It is promoted to the medical profession alone. FORMULAC is on sale at grocery and drug stores nationally.

• For further information about FORMULAC, and for professional samples, mail a card to National Dairy Products Company, Inc., 230 Park Avenue, New York 17, N. Y.



Distributed by **KRAFT FOODS COMPANY**

NATIONAL DAIRY PRODUCTS COMPANY, INC.

NEW YORK, N.Y.

Book Reviews

A Textbook of Medicine: Edited by Russell L. Cecil, A.B., M.D., Sc.D., Professor of Clinical Medicine, Cornell University Medical College; Consulting Physician, New York and Veterans' Hospitals; Visiting Physician, Bellevue Hospital, New York City. With the Assistance of Walsh McDermott, M.D., Associate Professor of Medicine, Cornell University Medical College. Associate Editor for Diseases of the Nervous System, Harold G. Wolf, M.D., Associate Professor of Neurology, Cornell University Medical College. Seventh Edition, Illustrated. Philadelphia and London. W. B. Saunders Company, 1947. Price $10.00.

A new edition of "Cecil" is always of interest to medical students as well as many practitioners who refer to it frequently in the course of their official duties. This is the seventh edition prepared under the supervision of Doctor Cecil with the assistance of Walsh McDermott, M.D., and Harold G. Wolff, M. D., both of whom are on the teaching staff at Cornell University Medical College.

More than 130 contributions from all parts of the country have been used in the preparation of this edition of the text. Many new subjects are presented in this volume which had not appeared previously. Much of the entire contents has been rewritten, although the sixth edition of the book was published in 1943. In keeping with modern trends all that is new in medicine will be found in this book, as has been the case ever since the first volume was published twenty years ago. Cecil's textbook will undoubtedly continue to be "tops" in many of our medical educational institutions.

The book is well illustrated with some pages in color, which adds materially to its attractiveness and likewise to its value to the average reader. The double column arrangement as was first brought out in the sixth edition is used in the present book and this too, has been quite popular.

Cecil's Textbook of Medicine will unquestionably continue to be popular as a textbook, and likewise will be of much interest to general practitioners everywhere who will no doubt consult it freely in dealing with the unusual problems with which they are confronted daily in their work.

A Color Atlas of Hematology, With Brief Clinical Descriptions of Various Diseases; by Roy R. Kracke, M.D., Dean and Professor of Clinical Medicine, Medical College of Alabama, Birmingham, Alabama. Philadelphia and London: J. B. Lippincott Company, 1947. Price $5.00.

This interesting book was written to fill a wide spread need for a working manual of hematology — one which would be considered generally as a quick reference source for laboratory technicians, medical students and physicians especially interested in hematologic work. Brief clinical descriptions of many of the blood dyscrasias are incorporated in the text and the treatment for some of these conditions likewise is discussed.

The technique of modern hematologic studies is given clearly and in detail. Much can be said relative to the fine color plates found in this book. They are of inestimable value to the technician as well as to the student. Studies of both the normal and abnormal blood cells are well presented in the text, and the technique of sternal puncture plus the importance of proper evaluation of the marrow slides are discussed at some length.

A chapter on splenomegaly and splenectomy (in which the indications for removal of the spleen is outlined) is of much interest. The section dealing with hematological technique will make this a very valuable quick reference work for the technician as it gives most of the information desired by this group in routine laboratory hematologic work.

The book is well arranged; the illustrations are excellent, and it will no doubt be of much value to technicians and students everywhere.

Urgent Surgery, Volume 1. Edited by Julius Spivach, M.D., L.L.D., Associate Professor of Surgery. University of Illinois College of Medicine, Chicago,

(*Continued on page* 54)

Just Released!

NEW SECOND EDITION

Communicable Diseases

by FRANKLIN H. TOP, A.B., M.D., M.P.H., F.A.C.P., Medical Director, Herman Kiefer Hospital; Clinical Professor of Preventive Medicine and Public Health, Wayne University College of Medicine, with collaborators.
947 pages, 98 illustrations, 13 Color Plates. PRICE, $9.50

For the new edition of this outstanding volume, a complete revision has been made. All chapters have been reviewed and improved, many have been enlarged. Three chapters have been completely rewritten: Influenza, Malaria, and Rickettsial Diseases.

Fourteen completely new chapters have been added. These are: Coccidioidomycosis; Rheumatic Fever; Primary Atypical Pneumonia; Epidemic Diarrhea of the Newborn; Infectious Hepatitis; Chancroid; Lymphogranuloma Venereum; Granuloma Inguinale; Ophthalmia Neonatorum; Epidemic Keratoconjunctivitis; Leptospiral Jaundice; Ringworm of the Scalp; Trachoma; Infectious Mononucleosis.

Because of the importance of illustrative matter in this subject, many new illustrations have been added for this second edition.

Collaborators

Theodore J. Abernethy
A. R. B. Allen
C. H. Binford
Patience L. Clarke
L. T. Coggeshall
G. D. Cummings
Bruce H. Douglas
Thomas Francis, Jr.
Parker Heath
Joseph G. Molner
Gordon B. Myers
Laura E. Peck
David D. Rutstein
Jonas E. Salk
George Sewell
Loren W. Shaffer
Charles E. Smith
John C. Snyder
Louise M. Suchomel
Warren E. Wheeler

Order Form

THE C. V. MOSBY COMPANY
3207 Washingtaon Blvd., St. Louis 3, Mo.

Ill St. 12-47

Dear Sirs: Please send me a copy of Top's COMMUNICABLE DISEASES. The price is $9.50

☐ Attached is my check. ☐ Charge my account.

Name _____

Addres _____



CONSTANT RESEARCH

Invented in 1861, Hanger Artificial Limbs have been constantly improved over the years. Today, the Hanger Leg is recognized as one of the world's finest artificial limbs.

Hanger Research is continually developing and testing new ideas, new methods, and new materials. From these efforts have come many outstanding achievements, adding greatly to the comfort and to the ever-increasing utility of the limb. Hip control, dural light construction, natural action joints, the flexible foot, are a few of the many advancements of recent years.

The many Hanger companies in many key cities throughout the United States are constantly studying, planning, and developing new improvements to give you an ever better artificial limb.

HANGER ARTIFICIAL LIMBS

527-529 Wells St., Chicago 7, Illinois

1912-14 Olive St., St. Louis 3, Missouri

ACCIDENT - HOSPITAL - SICKNESS

INSURANCE

FOR PHYSICIANS, SURGEONS, DENTISTS EXCLUSIVELY

ALL PREMIUMS COME FROM — PHYSICIANS SURGEONS DENTISTS — ALL CLAIMS GO TO

$5,000.00 accidental death $25 weekly indemnity, accident and sicknes	**$8.00** Quarterly
$10,000.00 accidental death $50 weekly indemnity, accident and sickness	**$16.00** Quarterly
$15,000.00 accidental death $75 weekly indemnity, accident and sickness	**$24.00** Quarterly
$20,000.00 accidental death $100 weekly indemnity, accident and sickness	**$32.00** Quarterly

ALSO HOSPITAL EXPENSE FOR MEMBERS WIVES AND CHILDREN

86c out of each $1.00 gross income used for members' benefit

$3,000,000.00 INVESTED ASSETS — **$14,500,000.00 PAID FOR CLAIMS**

$200,000.00 deposited with State of Nebraska for protection of our members.

Disability need not be incurred in line of duty—benefits from the beginning day of disability

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

45 years under the same management
400 First National Bank Building — OMAHA 2, NEBRASKA

BOOK REVIEWS (Continued)

Illinois. Charles C. Thomas, Publisher, Springfield, Ill., 1946. 714 pages. Price $10.50.

Volume 1. of "Urgent Surgery" was prepared by eight distinguished contributors from the United States and abroad. The contents include intravaenous infusions and blood transfusions; shock, hemorrhage, septicemia, gas gangrene, anesthesia, elctro-surgery, laparotomy, urgent surgery of the stomach and duodenum, congenital pyloric stenosis, gastrostomy, the pancreas, urgent surgery of the liver and bile ducts, urgent surgery of the spleen, appendicitis, intestinal obstruction; urgent intestinal surgery in infants, occlusion of mesenteric vessels, urgent surgery of the colon; perforative peritonitis, and non-perforative peritonitis. There are 244 figures with 572 illustrations, 14 illustrations being in color. Pertinent historical data is presented to show surgical advancement. Brief references are made to theories and contemporary thought. There are selected illustrative case histories. Clinical coverage of the material is quite complete and includes classifications, basic indications for surgery, surgical anatomy; pathologic, etiologic, diagnostic, and prognostic considerations, complications, and mortality figures. There are illustrative surgical techniques and common anomalies. Where emphasis is required, heavy type is used. Chapters are followed by numerous bibliographical references. This book contains many shorter considerations of subjects too numerous to mention, such as; surgical injuries to the bile ducts, injuries to the portal vein, pre-operative medications, embryological considerations of malformations, x-ray findings, etc. There is a wealth of surgical information in this book based on very sound and reasonable judgement. J.W.F.

Fundamentals of Psychiatry, by Edward A. Strecker, M.D., Sc.D., LL.D, Litt.D., F.A.C.P. Professor of Psychiatry and Chairman of the Department, Undergraduate and Graduate Schools of Medicine, University of Pennsylvania; Psychiatrist to the Pennsylvania, Philadelphia and Germantown Hospitals; Consultant and Chief-of-Service, Institute of the Pennsylvania Hospital; Consultant for the Surgeon General, U.S. Navy; Formerly Consultant for the Secretary of War to the Surgeons General of the Army and the A.A.F.; Senior Consultant in Psychiatry, Veterans Administration; Consultant in Mental Hygiene, U.S.P.H.S.; Chairman, Committee on Psychiatry, National Research Council; Chairman, Committee on Psychiatry, American National Red Cross. J. B. Lippincott Co., Philadelphia, 4th Edition, Price, $4.00, 325 pages, August, 1947.

When we consider that a large percentage of human ailments are functional and that a million children are destined to become mentally ill in their progress through life, there must exist a closer relationship between internal medicine and psychiatry. Dr. Strecker has written his "Fundamentals of Psychiatry" with this view in mind. This is the fourth edition since 1942.

(*Continued on page* 56)

Your patients get 2 kinds of relief with this new and different analgesic

It has been repeatedly demonstrated that amelioration of mood is a prime objective in the management of painful conditions.

EDRISAL presents a significant advance in the treatment of pain—in that it contains two recognized analgesics, *plus* the logical and effective anti-depressant, Benzedrine Sulfate. An increasing number of reports from physicians state that their patients prefer EDRISAL to other analgesic combinations.

This superior preparation affords prompt relief in a wide range of painful conditions, such as:

Dysmenorrhea
Simple headache
Neuralgia
Grippe
Sinusitis
Muscle and joint discomfort
Phlebitis
Rheumatism and allied conditions

Smith, Kline & French Laboratories, Philadelphia

Edrisal *highly effective*

in the relief of pain

BOOK REVIEWS (Continued)

which offers abundant testimony of the general acceptance of this book. No controversial or theoretical material has been included. The author deals with the psychiatric aspects of every day medicine. He introduces one to psychiatry by easily understood basic concepts, therminology, and definitions. Although brief, the reader can well orientate himself in the various psychoneuroses and psychoses. A short resume of psychosomatic medicine and the war neuroses has been added. A glossary of psychiatric terms follows the book chapters. This book is recommended as worthwhile reading to those who desire a less technical presentation on psychiatry. J.W.F.

A Manual of Fractures and Dislocations, by Barbara Bartlett Stimson A.B., M.D. Med.Sc.D., F.A. C.S.Assistant Professor of Clinical Orthopedic Surgery, College of Physicians and Surgeons, Columbia University, New York City; Associate Attending Surgeon, Presbyterian Hospital and Vanderbilt Clinic, New York City. Lea & Febiger, Philadelphia, Pa., 1947, 223 pages with 98 illustrations. $3.25.

The original edition of this Manual, although small in scope, was written to present the fundamentals of fractures and dislocations, and the practical application of these principles. Publishing of a revised and partially rewritten second edition attests to the acceptance of this handbook. The author has combined authoritativeness with brevity and clarity which makes the book a useful introduction to this field, especially for students and those not desiring a detailed knowledge of this subject. There are numerous schematic illustrations which are not diagnostic but merely fundamental in keeping with the general plan. The book is quite complete in its coverage of the field and to those interested, it offers a well done guide to the general handling of fractures and dislocations, and to suggestions for more exhaustive knowledge contained in the larger textbooks. J.W.F.

Curare, Its History, Nature and Clinical Use. A. R. McIntyre, Ph. D., M.D., Professor of Physiology and Pharmacology, College of Medicine The University of Nebraska. The University of Chicago Press, Chicago, Illinois, 240 Pages, $5.00.

Curare has always stirred the interest of people because of its use as a killing agent by South American savages. This book covers the field from the earliest records in history to its present day clinical applications. The author has written a very interesting book including chemistry, botany, and physiology of the drug. There is an extensive bibliography. A useful field for curare appears likely, and this book will provide a valuable introduction to this subject. J.W.F.





Here's tempting, real meat for patients on soft, smooth diets!

Swift's Strained Meats
specially prepared— fine enough for tube-feeding

Here's protein-rich meat that patients on soft, smooth diets can eat and *enjoy!* Swift's specially prepared Strained Meats provide an excellent base for a high-protein, low-residue diet—in a form that is chemically and physically non-irritating. There are six different, highly palatable meats: beef, lamb, pork, veal, liver and heart. These wholesome meats are readily accepted by most patients, even when normal appetite is impaired.

Swift's Strained Meats were developed originally for feeding to young infants. The individual particles of meat are fine enough to pass through the nipple of a nursing bottle—may easily be used in tube-feeding. Swift's Strained Meats are prepared with expert care from selected, lean U. S. Government Inspected Meats, carefully trimmed to reduce fat content to a minimum, and cooked to retain a maximum of the valuable meat nutrients—biologically complete proteins, B vitamins and minerals. Swift's Strained Meats are convenient to use—come ready to heat and serve. Each vacuum-sealed tin contains three and one-half ounces of strained meat.

All nutritional statements made in this advertisement are accepted by the Council on Foods and Nutrition of the American Medical Association.

Swift's Diced Meats

For patients on a soft, high-protein, low-residue diet who can eat meat in a form less fine than Strained, Swift's Diced Meats offer an excellent, appetizing source of proteins, B vitamins and minerals. Swift's Diced Meats are tender, juicy cubes of meat—offer a variety of: beef, lamb, pork, veal, liver and heart, five ounces per tin.

If you wish samples of Swift's Strained and Swift's Diced Meats together with complete information, write: Swift & Company, Dept. B.F., Chicago 9, Ill.

SWIFT QUALITY FOODS

SWIFT & COMPANY • CHICAGO 9, ILLINOIS

Your Advertisers

This is an index of those who serve the Medical Profession and support your Journal. All advertisers are approved by your Journal Committee. It will help you to mention your Journal when writing them.

BODY SUPPORTS

J. E. Hanger, Inc., Chicago 5 54
Spencer, Inc., New Haven 7, Conn.
Spencer Support Shop, Chicago 2

CLASSIFIED

Classified Advertisements 64

FOODS

American Diet Service, Detroit 26, Mich. 61
Borden Company, 350 Madison Ave., New York 14
Campbell Cereal Co., Minneapolis, Minn.
Coca Cola, Atlanta, Ga. 56
Knox Gelatin Laboratories, Johnston, N. Y.
Libby, McNeil & Libby, Chicago 9 8
Mead Johnson & Co., Evansville, Ind. .. Inside Back Cover
National Dairy Products, New York, N. Y. 51
Nestle's Milk Products, Inc., 155 E. 44th St., New York 17
Wander Company, 360 N. Michigan Ave., Chicago

FINANCIAL AND INSURANCE

Medical Protective Co., Fort Wayne, Ind. 12
Physician Casualty Co., Omaha, Neb. 54

PHARMACEUTICALS

Abbott Laboratories, North Chicago, Illinois 10
Ames Co., Inc., Elkhart, Ind.
Ar-Ex Cosmetics Inc., 6 N. Michigan Ave., Chicago 2, Ill. 64
Armour Laboratories, Chicago 9, Ill. 16
Ayerst, McKenna & Harrison Ltd., New York 16 9
Borcherdt Malt Extract Co., Chicago 12, Ill. 64
Bristol Laboratories, Inc., Syracuse 1, N. Y. 15
Bristol-Meyers Co., New York
Ciba Company, Summit, N. J. 32
Commercial Solvents Corp., Terre Haute, Ind. 38
Crookes Laboratories, Inc., 305 E. 45th St., N. Y.
Doho Chemical Corp., New York 13, N. Y.
Durex Products, New York
Otis E. Glidden & Co., Evanston
Gold Pharmacal Co., New York 63
Hoffman-LaRoche, Inc., Nutley, N. J. 11
Holland-Rantos Co., Inc., 551 Fifth Ave., New York ...
Hoosier Pharmacal Co., Indianapolis, Ind.
Hynson Westcott & Dunning, Charles and Chase St., Baltimore 48
International Pharmaceutical Corp., Boston 16 49
International Vitamin Corp., 50 E. 42nd St., New York City
Irwin, Neisler & Co., Decatur, Ill.
Lanteen Medical Laboratories, Chicago 10 39
Thos. Leeming Co., 155 E. 44th St., New York 17
Lily, Eli & Co., Indianapolis, Ind. 35, 36, 37
Maltbie Chemical Co., Newark, N. J.
S. E. Massengill Co., Bristol, Tenn. 28
McNeil Laboratories, Inc., Philadelphia, Pa. 17
Merck & Co., Rahway, N. J.
Morris, Philip & Co., 119 Fifth Ave., New York 45
Nepera Chemical, Yonkers, N. Y. 43
Num Specialty Co., Pittsburgh, Pa. 62
Parke, Davis & Co., Detroit, Mich. 4, 5, 47
Rare Chemicals, Inc., Flemington, N. J.
Reed & Carnrick, Jersey City 6, N. J. 42
Rees Davis Drugs, Meridan, Conn.
Reynolds & Co., R. J., Winston-Salem, N. C. 18
Roche-Organon, Inc., Nutley, N. J. 24
J. B. Roerig & Co., 536 Lake Shore Drive, Chicago 29
Schenley Laboratories, Inc., N. Y. 1, N. Y. 26
Schering Corp., Bloomfield, N. J. 13
Schmid, Julius, Inc., 423 W. 55th St., New York City .. 7
G. D. Searle & Co., P. O. Box 5100, Chicago Inside Front Cover
Sharp & Dohme, 11 Canal St., Chicago
Smith, Kline & French, Philadelphia 3, 23, 34, 41, 55
E. R. Squibbs & Co.
Swift & Co., Chicago 57
The Tarbonis Co., Cleveland 3, Ohio 40
Upjohn Co., Kalamazoo, Mich.
Walker Vitamin Products, Inc., New York 6
Wm. R. Warner & Co., 113 W. 18th St., New York
Warren-Teed Products Co., Columbus 8, Ohio
Whittaker Laboratories, Inc., New York City 33
White Laboratories, Inc., ... 19, 20, 21, 22
Winthrop Stearns Co., 70 Varick St., New York 25, 30
Wyeth Incorporated 27
Zemmer Co., Pittsburgh, Pa. 64

SANATORIA AND SANITARIA

Costeff Sanatorium, Peoria, Ill. 62
Edward Sanatorium, Naperville, Ill. 60
Michell Farm, Peoria 61
Milwaukee Sanitarium, Wauwatosa, Wis. Back Cover
Norbury Sanatorium, Jacksonville, Ill. 60
North Shore Health Resort, Winnetka 62
Mary Pogue School, Wheaton, Ill. 63
Stokes Sanitarium, Louisville, Ky. 64

EQUIPMENT

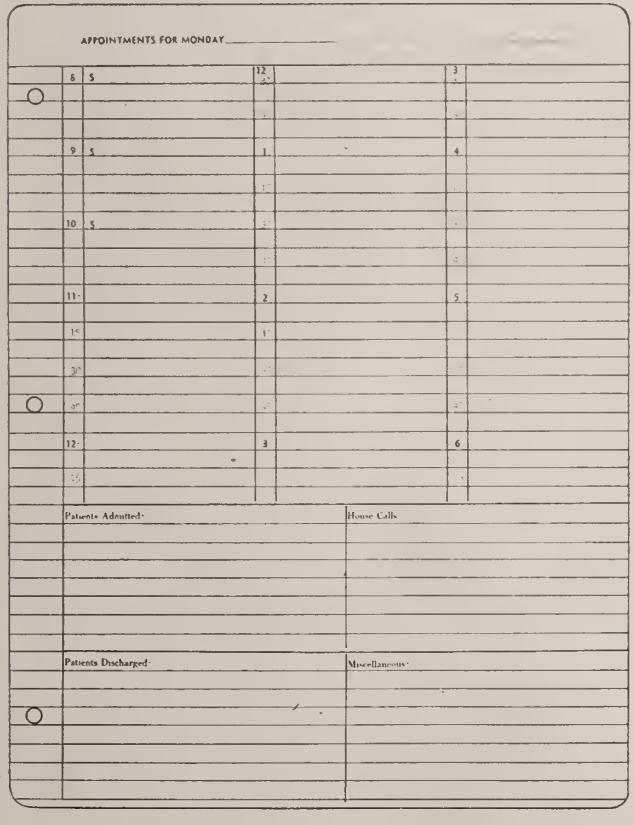
General Electric X-Ray Corp., 2012 W. Jackson Blvd., Chicago
Picker X-Ray, New York 10, N. Y.
Rexair, Toledo, Ohio 31

RADIUM

Central X-Ray & Clinic Laboratory, 58 E. Washington, Chicago 61
Physicians Radium Assn., 55 E. Washington St., Chicago 63
Radium & Radon Corp., Chicago 2 33

(County Officers Continued)

Madison	H. M. Cravens, Collinsville	E. F. Moore, Collinsville.
Marion	C. J. Sanders, Centralia	Harry E. Ryan, Centralia.
Mason	C. H. Stubenrauch, Havana	J. W. McHarry, Havana.
Massac	Stephen P. Ward, Metropolis	G. F. Cummins, Metropolis.
Menard	B. D. Epling, Petersburg	H. P. Moulton, Petersburg.
Mercer	Chas. M. Murrell, Sherrard	Nillie E. Marsh, Aledo.
Monroe	E. T. Lark, Columbia	J. A. Werth, Waterloo.
Montgomery	Harry Yaeger, Litchfield	Raymond E. Mulrooney, Litchfield.
Morgan	V. T. J. Lenth, Jacksonville	G. L. Drennan, Jacksonville.
Moultrie	J. F. Lawson, Sullivan	W. B. Kilton, Sullivan.
Ogle	A. R. Bogue, Rochelle	L. Warmolts, Rochelle.
Peoria	C. W. Margaret, Peoria	W. E. Owen, Peoria.
Perry	B. I. Hall, DuQuoin	John A. Mathis, Pickneyville.
Piatt	A. O. Trimmer, Cerro Gordo	Stephen Kratz, Monticello.
Pike	W. G. Kraybill, Pittsfield	Jack M. Bailis, Pittsfield.
Pope		L. S. Barger, Golconda.
Pulaski	Homer J. Elkins, Mounds	Otis T. Hudson, Mounds.
Randolph	Ralph Kuhlman, Menard	W. W. Fullerton, Steeleville.
Richland	Ralph King, Olney	Bernard A. Weber, Olney.
Rock Island	R. O. Sala, Rock Island	N. C. Barwasser, Moline.
St. Clair	Olin B. Boyd, E. St. Louis	F. E. Bihss, E. St. Louis.
Saline	N. A. Thompson, Eldorado	Robert Ferrell, Eldorado.
Sangamon	Kenneth H. Schuepp, Springfield	Wm. De Hollander, Springfield.
Schuyler	H. O. Munson, Rushville	C. K. Carey, Rushville.
Shelby	Duncan Biddlecombe, Shelbyville	Louis Chabner, Shelbyville.
Stephenson	C. M. Becker, Freeport	Lester P. Bunchman, Freeport.
Tazewell	Charles A. Nelson, Pekin	Nelson A. Wright Jr., Pekin.
Union	Harry Phillips, Anna	E. V. Hale, Anna.
Vermilion	K. H. Hammond, Hoopeston	Holland Williamson, Danville.
Wabash	E. P. Keneipp, Mt. Carmel	H. A. Elkins, Mt. Carmel.
Warren	J. W. Firoved, Monmouth	Jos. C. Sherrick, Monmouth.
Washington	P. B. Rabenneck, Nashville	G. A. Green, Nashville.
Wayne	Gilbert T. Ransom, Fairfield	Kenneth O. Hubble, Fairfield.
White	C. J. Rosenberg, Norris City	R. S. Loewenherz, Carmi.
Whiteside	I. Vandermyde, Prophetstown	G. J. Pohly, Rock Falls.
Will-Grundy	Earl S. Leimbacher, Joliet	Leon P. Gardner, Joliet.
Williamson	J. W. Tidwell, Herrin	M. M. May, Marion.
Winnebago	Chas. L. Leonard, Rockford	W. H. Palmer, Rockford.
Woodford	Ernest Pearson, Eureka	W. S. Morrison, Minonk.



KEEP YOUR APPOINTMENTS

Accurately, Clearly, Easily Recorded

This new loose-leaf appointment form, designed especially for the medical profession, eliminates confusion and mistakes in recording appointments.

Please Note These Features

1. Large size page. (8½" by 11") Punched to fit standard 3-ring binder.
2. Divides day into 15 min. intervals — two lines per appointment.
3. Ample space to indicate:
 Patients admitted
 Patients discharged
 House calls
 Miscellaneous notes

200 sheets printed on both sides
(enough to last 400 days) $4.08 including tax

Available Immediately

Will be sent postpaid if payment accompanies order. Sample on request.
Attractive binders available if desired.....$1.50

PROFESSIONAL RECORDS SERVICE

Post Office Box 114

Bloomington **Illinois**

The NORBURY SANATORIUM

JACKSONVILLE, ILLINOIS INCORPORATED and LICENSED

For the Treatment of Nervous and Mental Disorders

DR. ALBERT H. DOLLEAR, Superintendent
DR. FRANK GARM NORBURY, Medical Director
DR. SAMUEL N. CLARK, Physician
DR. HENRY A. DOLLEAR, Associate Physician
DR. FREDERICK A. CAUSEY, Associate Physician in Residence

Address Communications THE NORBURY SANATORIUM, Jacksonville, Illinois .

Books Received

The following books have been received for reviewing, and are herewith acknowledged. This listing should be considered as a sufficient return for the courtesy of the sender. Books that appear to be of unusual interest will be reviewed as space permits each month. Readers desiring additional information relative to books listed, may write the Editor who will gladly furnish same promptly.

HODKIN'S DISEASE AND ALLIED DISORDERS: By Henry Jackson, Jr., A.B., M.D., Assistant Professor of Medicine, Harvard Medical School; Associate Physician, Thorndike Memorial Laboratory, Boston City Hospital; and Frederic Parker, Jr., A.B., M.D., Associate Professor of Pathology, Harvard Medical School; Pathologist-in-chief, Boston City Hospital. New York, Oxford University Press, 1947. Price $6.50.

HISTORY OF MEDICINE: A Correlative Text, Arranged According to Subjects; By Cecilia C. Mettler, A.B., Ed.B., A.M., Ph.D., Late Assistant Professor of Medical History University of Georgia School of Medicine, and late Associate in Neurology, College of Physicians and Surgeons, Columbia University; Edited by Fred A. Mettler, A.M., M.D., Ph.D., Associate Professor of Anatomy, College of Physicians and Surgeons, Columbia University. With 16 Illustrations. Philadelphia. The Blakiston Company, 1947. Price $8.50.

FUNDAMENTALS OF IMMUNOLOGY: William C. Boyd, Ph.D., Associate Professor of Biochemistry, Boston University, School of Medicine. Second Edition, Completely Revised and Rewritten, 1947. Interscience Publishers, Inc., New York and London. Price $6.00.

DIAGNOSIS IN DAILY PRACTICE: An Office Routine Based on the Incidence of Various Diseases: By Benjamin V. White, M.D., Assistant Clinical Professor of Medicine, Yale University School of Medicine; Consultant in Gastroenterology, Veterans Administration Hospital, Hewington, Conn., AND Charles F. Geschickter, M.D., Professor of Pathology, Georgetown University Medical School; Consultant in Pathology, United States Naval Medical School, Bethseda, Maryland. 360 illustrations. Philadelphia & London: J. B. Lippincott Company, 1947. Price $15.00.

THE SELECTED WRITINGS OF BENJAMIN RUSH: Edited by Dagobert D. Runes. Philosophical Library, New York, 1947. Price $5.00.

ILLUSTRATIONS OF REGIONAL ANATOMY: E. B. Jamieson, M.D., Senior Demonstrator and Lecturer Emeritus, Anatomy Department, University, Edinburgh. Seven Sections. Seventh Edition. A Prospectus giving prices and full details can be obtained from any Medical Bookseller or direct from the Publishers. Baltimore. The Williams and Wilkins Company, 1947. Paper bound copies, $20.00

Edward Sanatorium NAPERVILLE, ILLINOIS
(30 miles west of Chicago)
Est. 1907 by Dr. Theodore B. Sachs

FOR THE TREATMENT OF TUBERCULOSIS

Jerome R. Head, M.D.—Chief of Staff
Ideally situated — beautiful landscaped surroundings — modern buildings and equipment
A-A rating by Illinois Department of Health
Full approval of the American College of Surgeons
Active Institutional member of the American Hospital Association
For detailed information apply to—

Business Office at the Sanatorium Telephone Naperville 450

NERVOUS and MENTAL DISEASE

FOR MILD CASES *FOR SEVERE CASES*

MICHELL FARM — **MICHELL SANATORIUM**

Licensed by State of Illinois

George W. Michell, M.D., Medical Director

INFORMATION ON REQUEST

106 North Glen Oak Ave., Ph. 3-5179, Peoria, Ill.

Chicago Office:

46 East Ohio Street . . . Phone Delaware 6770



GEORGE CRILE, An Autobiography. Edited, with Sidelights, by Grace Crile. In Two Volumes, Illustrated. Philadelphia and New York, 1947. J. B. Lippincott Company. Price $10.00.

PROCEDURE IN EXAMINATION OF THE LUNGS: With Especial Reference to the Diagnosis of Tuberculosis. Arthur F. Kraetzer, M.D., Instructor in Medicine, Cornell University. Third Edition Revised and with a Preface by Jacob Segal, M.D., F.A.C.P., F.C.C.P., Medical Director, Los Angeles Sanatorium. New York. Oxford University Press. 1947.

NEUTRON EFFECTS ON ANIMALS: By The Staff of the Biochemical Research Foundation. Dr. Ellice Mc Donald, Director, Newark, Delaware. Baltimore. The Williams & Wilkins Company, 1947. Price. $3.00

LABORATORY MANUAL OF MICROBIOLOGY FOR NURSES: By Elizabeth S. Gill, B.S., R.N. and James T. Culbertson, Ph.D. G. P. Putnam's Sons, New York. 1947. Price $1.50.

SYNOPSIS OF NEUROPSYCHIATRY: By Lowell S. Selling, M.D., Ph.D., Dr. P.H., F.A.C.P., Director, Division of Mental Health, Florida Department of Health; Assistant Professor of Criminology, Medical Jurisprudence and Social Hygiene, University of Illinois College of Medicine; etc., Illustrated. Second Edition. St. Louis, The C. V. Mosby Company, 1947. Price $6.50.

AN ATLAS OF ANATOMY: By J. C. Boileau Grant, M. C., M.B., Ch.B., F.R.C.S. (Edin.) Professor of Anatomy in the University of Toronto. By Regions: Upper Limb, Abdomen, Perineum, Pelvis, Lower Limb, Vertebrae, Vertebral Column, Thorax, Head and Neck. Second Edition. Baltimore, The Williams and Wilkins Company, 1947. Price $10.00.

THE OCULOROTARY MUSCLES: By Richard G. Scobee, B.A., M.D., Instructor in Ophthalmology, Washington University School of Medicine, St. Louis, Missouri. Illustrated. St. Louis, The C. V. Mosby Company, 1947. Price $8.00.

PHYSIOLOGY OF MAN IN THE DESERT: E. F. Adolph and Associates, Department of Physiology, University of Rochester 1947. Interscience Publishers, Inc., New York. Price $6.50.

GASTRITIS: By Rudolf Schindler, M.D., F.A.C.P., Clinical Professor of Internal Medicine (Gastroenterology), College of Medical Evangelists, Los Angeles, California; Senior Member of the Attending Staff, Los Angeles County Hospital; Consultant in Gastroenterology, Birmingham General Hospital, Veterans Administration, Van Nuys, California; Consultant in Gastroenterology, Cedars of Lebanon Hospital, Los Angeles, California. Brune & Stratton, New York, 1947. Price $8.75.

THE RANKS OF DEATH, A Medical History of the Conquest of America, by the late Colonel P. M. Ashburn, Medical Corps, United States Army; Edited by Frank D. Ashburn. New York, Coward-McCann, Inc., 1947.

A TEXTBOOK OF PATHOLOGY: By E. T. Bell, M.D., Professor of Pathology in the University of Minnesota, Minneapolis, Minn. Contributors, B. J. Clawson, M.D., Professor of Pathology in the Uni-

Radium Rental
Prompt Service

Deep X-Ray & Radium Therapy

Central X-Ray & Clinical Laboratory

Fred F. Schwartz, M.D., Director.

58 E. Washington St., Dear. 6960

CHICAGO, ILL.

DIETS • DIETS • DIETS

42 — Scientifically prepared diets — 42

Write today for complete list

Special Introductory Offer

INDEXED FOLIO FREE WITH INITIAL ORDER

200 ASSORTED DIETS — $6.50

Imprinted with physician's name and address. Mail check with order, giving printing instructions. Allow 10 days for delivery.

AMERICAN DIET SERVICE

424 Book Building, Detroit 26, Mich.



NORTH SHORE HEALTH RESORT
WINNETKA, ILLINOIS
on the Shores of Lake Michigan
A completely equipped sanitarium for the care of
nervous and mental disorders, alcoholism and drug addiction
offering all forms of treatment, including electric shock
Samuel Liebman, M.S., M.D.
Medical Director
FULLY APPROVED BY THE AMERICAN COLLEGE OF SURGEONS
225 Sheridan Road Phone Winnetka 211

BOOKS RECEIVED (Continued)

versity of Minnesota; J. S. McCartney, M.D., Associate Professor of Pathology in the University of Minnesota; Sixth Edition, Enlarged and Thoroughly Revised with 500 Illustrations and 4 Color Plates. Lea and Febiger, Philadelphia, 1947. Price $10.00.

STANDARD METHODS OF THE DIVISION OF LABORATORIES AND RESEARCH OF THE NEW YORK STATE DEPARTMENT OF HEALTH: Augustus B. Wadsworth, M.D., With a Foreword by Gilbert Dalldorf, M.D., Third Edition. Baltimore, The Williams & Wilkins Company, 1947. Price $10.00.

DISEASES OF THE CHEST: WITH EMPHASIS ON X-RAY DIAGNOSIS: By Eli H. Rubin, M.D., F.A.C.P., F.C.C.P., Attending Physician, Division of Pulmonary Diseases, Montefiore Hospital and Country Sanatorium, New York; Visiting Physician in Tuberculosis and Physician-in-charge, Chest Clinic, Morrisania City Hospital, New York. 685 pages, with 355 illustrations (24 plates in color). Philadelphia and London: W. B. Saunders Company, 1947. Price $12.00.

DISEASES OF METABOLISM — Detailed Methods of Diagnosis and Treatment — A Text For The Practitioner: Edited by Garfield G. Duncan, M.D., Director of Medical Division, Pennsylvania Hospital; Clinical Professor of Medicine, Jefferson Medical College, Philadelphia. Second Edition. 1045 pages with 167 figures. Philadelphia and London: W. B. Saunders Company, 1947. Price $12.00.

SURGICAL PATHOLOGY: By William Boyd, M.D., Dipl. Pysch., M.R.C.P. Ed., F.R.C.P. London, LL.D. Sask., M.D. Oslo, F.R.S.C., Professor of Pathology, The University of Toronto, Canada. Sixth Edition. 858 pages with 530 illustrations, including 22 color figures. Philadelphia and London: W. B. Saunders Company, 1947. Price $10.00.

U. OF I. PROFESSIONAL COLLEGES HAVE LARGE ENROLLMENT.

Registrar George E. Moon has announced that 1,381 graduate and undergraduate students have enrolled at the Chicago Professional Colleges of the University of Illinois for the fall term of the 1947-48 school year.

The current total represents the highest student enrollment at the Chicago Professional Colleges since 1931. The registration also represents an increase of 150 students over last spring.

The school's highest enrollment in 16 years

COSTEFF SANITARIUM
Mental and Nervous Disorders
Alcoholism and Drug Addiction
- **SHOCK TREATMENT** (Insulin, Metrazol Electro-shock) administered in suitable cases
- **ARTIFICIAL FEVER THERAPY**
Home like environment, individual attention. MODERATE RATES.
Licensed by the State of Illinois
HARRY COSTEFF, M. D., Medical Director
1109 NO. MADISON AVE., PEORIA, ILL.
Phone 4-0156 **Literature on request.**



in whooping cough

ELIXIR BROMAURATE

GIVES EXCELLENT RESULTS

Cuts short the period of illness and relieves the distressing spasmodic cough. Also valuable in Bronchitis and Bronchial Asthma.

In four-ounce original bottles. A teaspoonful every 3 to 4 hours.

Prescribed by Thousands of Doctors

GOLD PHARMACAL CO. NEW YORK CITY

was achieved despite the fact that many students were denied admission to the colleges of medicine, dentistry, and pharmacy because of limited classroom and hospital clinical facilities. The college of medicine alone was forced to reject all but 167 of 1,032 freshmen who applied.

Sixty percent of all students enrolled are veterans, an increase of seven percent over last year. The ratio of former servicemen enrolled as freshmen in the colleges of medicine, dentistry, and pharmacy is even higher — 68 percent.

The total enrollment also lists 170 women, including 82 in medicine.

A breakdown of registration shows the college of medicine with 634 students, college of pharmacy, 420; college of dentistry, 168; graduate school, 142; and occupational therapy, 17. The graduate school enrollment is the highest since the start of the war.

Registration figures do not include students enrolled in postgraduate refresher courses, offered especially but not exclusively for the benefit of medical and dental officers returning from service in the armed forces.

Radium Rental Service

By

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

The Physicians Radium Association

Room 1307—55 East Washington St., Pittsfield Bldg., CHICAGO 2, ILL.

Telephones: Central 2268-2269

Wm. L. Brown, M.D., Director

Wm. L. Brown, Jr., M.D., Associate



THE MARY POGUE SCHOOL

Complete facilities for training retarded and epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

Recreational facilities include riding, group games, selected movies under competent supervision.

Separate buildings for boys and girls under 24 hour supervision of skilled personnel.

Catalogue on request.

G. H. Marquardt, M.D. *Medical Director*

Barclay J. MacGregor *Registrar*

33 GENEVA ROAD, WHEATON, ILLINOIS

(near Chicago)

BORCHERDT MALT SOUP EXTRACT
EST. 1868



for Constipated Babies

Borcherdt's Malt Soup Extract is a laxative modifier of milk. One or two teaspoonfuls in a single feeding produce a marked change in the stool. Council Accepted. Send for sample.



BORCHERDT MALT EXTRACT COMPANY, 217 N. Wolcott Ave., Chicago 12, Ill.

Zemmer PHARMACEUTICALS

AURI-TUSSIN-ZEMMER

In the Treatment of Whooping-cough and Adult Irritating Bronchial Coughs

The pharmacologic action and the therapeutic effect of Auri-Tussin, a solution of Gold Tribromide, in Whooping-cough is due to the antiseptic action of the Gold and the neuro-sedative action of the bromide. Supplied in ½ oz. dropper bottles.

Literature and Prices on Request.

THE ZEMMER COMPANY IL-12-47

Chemists to the Medical Profession PITTSBURGH 13, PA.

Classified Ads

RATES FOR CLASSIFIED ADVERTISEMENTS—For 30 words or less: 1 insertion, $3.00; 3 insertions, $8.00; 6 insertions, $14.00; 12 insertions, $24.00; from 30 to 50 words: 1 insertion, $4.00; 3 insertions, $10.50; 6 insertions, $20.00; 12 insertions, $30.00. Extra words: 1 insertion, 10c each; 3 insertions, 25c each; 6 insertions, 40c each; 12 insertions, 50c each. A fee of 25c is cbarged for those advertisers who have answers sent care of the Journal. Casb in advance must accompany copy.

FOR SALE: 30 years of establisbed dermatological practice in Chicago and vicinity complete with equipment and entire records of thousand of patients. Only $1,000.00. Write Wm. R. Semerak, 333 N. Michigan Ave., Chicago 1. 12/47

PREGNANCY TESTING SERVICE: Laboratory test using Xenopus frog. Twenty-four hour service. Six dollar fee. Instructions, urine specimen container, mailing case furnished upon request. Paul L. Fry, PhC, Dixon, Illinois. 9/48

Cabinets, tables, cbairs, stands, hospital beds, wheel chairs, walkers, lamps, diathermy, instruments, sterilizers, books, microscopes, otoscopes, manometers, supplies. New. Used. Bought. Sold. Rented. Repaired. Fitzsimmons Medical Supply, 5654-56 W. Lake St., Chicago 44. MANsfield 5619. 1/48

FOR SALE: McCaskey 4 drawer Professional History and Account System. Pre-war heavy steel construction in excellent condition. In an established office. Reason for sale. Write Lloyd F. Kaiser, M.D., Champaign, Ill.

VETERAN PHYSICIAN, 38, single, class A medical school, two years rotating internship, 1½ years general residency, 3½ years army hospital training, wishes assistantship to general practitioner. Will consider other opportunities. Write Box 135, Illinois Medical Journal, 30 N. Michigan Ave., Chicago 2.

WANTED: Permanent services E.E.N.T. for 50 yr. old priv. clinic downtown Chicago. Remuneration, bonus, hours, duties discussed by letter or interview. Dr. Bennin, 39 S. State St., Chicago. Tel. CENtral 1647. 2/48

Lest the young enthusiast be inclined to rest on his laurels, a review of the first decade of X-ray progress will bring with it a humble frame of mind. It is amazing that the early investigator who unknowingly risked his life with the crudest of makeshift equipment produced so much. Between the years 1895 and 1901, Frances H. Williams, William Rollins and Walter B. Cannon, to mention just a few, outlined many of the fundamental diagnostic and thereapeutic citeria used today. It was Williams who threw a bombshell into a meeting of a medical society by maintaining that he could discover pulmonary tuberculosis by this new method earlier than by auscultation and percussion. In 1901 Williams' reports of cases treated by X-ray would put many modern physicians to shame because of their completeness. They contained a good history and description of the lesion, a biopsy done by Frank B. Mallory, detailed data of the technic used, extensive progress notes and photographs taken before and after treatment to document his results. Ed., N.E. Jour. Med., N /45.

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our ALCOHOLIC treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquor withdrawn gradually, no limit on the amount necessary to prevent or relieve delirium.

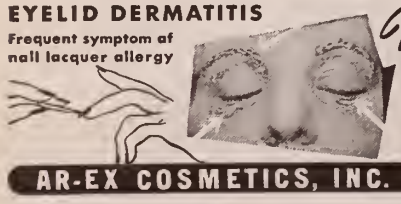
MENTAL patients have every comfort that their home affords.

The DRUG treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid witbdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101

EYELID DERMATITIS
Frequent symptom of nail lacquer allergy



New AR-EX HYPO-ALLERGENIC NAIL POLISH

In clinical tests proved SAFE for 98% of women who could wear no other polish used.

At last, a nail polish for your allergic patients. In 7 lustrous shades. Send for clinical resume.



EXCLUSIVELY BY AR-EX Cosmetics

AR-EX COSMETICS, INC. 1036 W. VAN BUREN ST., CHICAGO 7, ILL.

The rooster's legs are straight.

The boy's are not.



The rooster got plenty of vitamin D.

Fortunat
are com
lactic us

he one above illustrated
he widespread prophy-
he medical profession.

One of the surest and
to children is MEAL
OILS AND VIOSTEI
of 50 and 250 capsul

stering vitamin D (and vitamin A)
f WITH OTHER FISH-LIVER
. bottles. Also supplied in bottles
l Products Are Council Accepted.

MEAD JOHNSON

LE 21, INDIANA, U. S. A.

N Y Acad of Med
5 Ave & 103rd St
New York N Y
Lxch



COLONIAL HALL
One of the 14 Units in "Cottage Plan"

FOR NERVOUS DISORDERS

MAINTAINING the highest standards for more than a half century, the Milwaukee Sanitarium stands for all that is best in the care and treatment of nervous disorders.

and particulars sent on req

Josef A. Kindwall, M. D.
Carroll W. Osgood, M. D.
William T. Kradwell, M. D.
Benjamin A. Ruskin, M. D.
Danziger, M. D.
C. Morrison, M. D.
dison Paine, M. D.
ladys Spear, M. D.
ur J. Patek, M. D.

H. Schroeder
usiness Manager

MILWAUKEE
WAUWATOSA—WISC

PHYSICIAN'S CHICAGO OFFICE

P.M.—Central 1162

The New York Academy of Medicine

THIS BOOK MUST NOT BE RETAINED FOR LONGER THAN ONE WEEK AFTER THE LAST DATE ON THE SLIP UNLESS PERMISSION FOR ITS RENEWAL BE OBTAINED FROM THE LIBRARY.

VOL 15

DEC 2 7

JAN 29 1952